

Injected Artistry Pre Ketamine Checklist


In order to optimize your therapeutic ketamine experience, we offer the following suggestions:

- Dress comfortably
- Bring a blanket
- Bring a room darkening eye mask (*Sleep Mask*)
- Bring noise canceling headphones and ear plugs
- Have a music playlist for ambient noise
- Have an appointment scheduled with your therapist to process

Do not eat anything for 4 hours prior to your Ketamine treatment. Small and infrequent sips of water are ok.

You will be with us for approximately two hours and your driver will need to come into the office to pick you up.

Suggested Spotify Playlist:





Floating Through Space

PLAYLIST

Floating Through Space

Ambient drone to make you feel weightless.


 Spotify • 518,685 likes • 132 songs, 6 hr 42 min



ENTHEO
BEYOND *oblivion*

PLAYLIST

Ketamine KAP spirit #2 Entheo

 AshBe • 9 likes • 2 songs, 50 min 33 sec

INJECTED ARTISTRY KETAMINE NEW PATIENT INTAKE

Name: _____ DOB: _____

Male/Female/transgender/non-binary/prefer not to respond

Cell phone: _____

Do you text at this number ()Yes ()No

Is it ok to leave a voice message stating who we are at this # ()Yes ()No

Email: _____

Home phone: _____ Cell phone: _____

Mailing Address: Street _____

City _____

Zip _____

How did you hear about us?

In case of an emergency please contact:

Name: _____

Relationship: _____

Phone: _____

CLIENT HEALTH QUESTIONNAIRE

Question	Yes	No	If 'yes' please explain/give details
Have you ever had a heart attack or any problem associated with the heart?			
Are you currently experiencing chest pain(s)?			
Do you have any serious health problems or illnesses (such as tuberculosis or pneumonia) that may be contagious to others around you?			
Have you ever tested positive for tuberculosis?			
Have you ever been treated for HIV or Aids?			

Question	Yes	No	If 'yes' please explain/give details
Have you ever been tested for sexually transmitted diseases?			
Have you had a head injury in the last six (6) months?			
Have you ever had a head injury that resulted in a period of loss of consciousness?			
Have you ever been diagnosed with diabetes?			
Do you have any open lesions/wounds?			
Have you ever had any form of seizures, delirium tremens or convulsions?			
Do you use a C-PAP machine or dependent upon oxygen?			
Have you ever had a stroke?			
Are you pregnant?			Trimester: Complications?: Prenatal care?:
Have you ever been pregnant?			# of pregnancies: # of live births:
Do you have a history of any other illness that may require frequent medical attention?			
Have you ever had blood clots in the legs or elsewhere that required medical attention?			
Question	Yes	No	If 'yes' please explain/give details
Have you ever had high-blood pressure or hypertension?			
Do you have a history of cancer?			
Do you have any allergies to medications?			
Have you ever had an ulcer, gallstones, internal bleeding, or any type of bowel or colon inflammation?			

Have you ever been diagnosed with any type of hepatitis or other liver illness?			
Have you ever been told you had problems with your thyroid gland, been treated for, or told you need to be treated for, any other type of glandular disease?			
Do you currently have any lung diseases such as asthma, emphysema, or chronic bronchitis?			
Have you ever had kidney stones or kidney infections, or had problems, or been told you have problems with your kidneys or bladder?			
Do you have any of the following; arthritis, back problems, bone injuries, muscle injuries, or joint injuries?			
Question	Yes	No	If 'yes' please explain/give details
Do you take over the counter pain medications such as aspirin, Tylenol, or Ibuprofen?			
Do you take over the counter digestive medications such as Tums or Maalox?			
Do you wear or need to wear glasses, contact lenses, or hearing aids?			
Please describe any surgeries or hospitalizations due to illness or injury that you have had in the past:			
When was the last time you saw a physician and/or psychiatrist? What was the purpose of the visit?			

SUBSTANCE USE:

In the past **seven days** what types of drugs, including alcohol, have you used?

Type of Drug = _____

Route of Administration = _____

In the past **year** what types of drugs, including alcohol, have you used?

Type of Drug = _____

Route of Administration = _____

Do you take any prescription medications including psychiatric medications?

Type of Drug, Dosage = _____

Route of Administration = _____

Question	Yes	No	If 'yes' please explain/give details
Have you received alcoholism or drug abuse recovery treatment services in the past?			Type of Recovery: Outpatient ____ Residential ____ Detoxification ____
Name of Previous Treatment Facility: Dates of Previous Treatment: Was Treatment Completed?:			
Have you ever been treated for withdrawal symptoms?			

MENTAL/EMOTIONAL

Question	Yes	No	If 'yes' please explain/give details
Are you currently feeling down, depressed, anxious or hopeless?			
Are you currently receiving treatment services outside of Ken Starr for an emotional/psychiatric diagnosis?			

Over the last 2 weeks, have you felt nervous, anxious, or on edge?			
Did you feel like you were unable to stop or control your worrying?			
Over the last 2 weeks, have you had thoughts of suicide or thought that you would be better off dead?			
If yes to the above question, do you have a plan for how you would harm yourself?			
Have you attempted suicide in the past two (2) years?			
Have you ever harmed yourself/others or thought about harming yourself/others?			
Are you currently feeling that you're hearing voices or seeing things?			
Have you ever been in a relationship where your partner has pushed or slapped you?			

I declare that the above information is true and correct to the best of my knowledge:

Client Signature and Date

Client Name Printed

Injected Artistry Ketamine Treatment Consent

Thank you for choosing to do a Ketamine treatment with **Injected Artistry**. We're excited and grateful to share with you the rapid antidepressant and pain-relieving properties of Ketamine Therapy. Thousands of patients across the country have had extremely positive results with this therapy.

Overview

Ketamine is a dissociative anesthetic used safely for decades. It is now used as an effective and validated FDA "off-label" therapy for the treatment of depression, bipolar disorder, PTSD, substance use disorders and chronic pain. Ketamine's mode of action is thought to be primarily as an NMDA antagonist working through the glutamate neurotransmitter system.

Ketamine is not yet approved for the treatment of major depressive disorder by the FDA and is still considered to be an **alternative treatment**. However, research has shown that it can produce rapid, though relatively short lived improvements in mood. Repeated infusions, injections, sprays or lozenges have been shown to prolong mood improvement from periods of greater than two weeks to months. If you respond with mood improvement after 4-6 treatments you may go on to receive additional booster infusions or injections periodically to be determined by your treating clinician. The additional treatment option will be reviewed and discussed with you by your treating clinician after you have completed the initial serial treatments.

Since the early 1960s, the Food and Drug Administration (FDA) has required that drugs used in the United States be both safe and effective. The use of a drug for a disease not listed on the label is considered to be "off-label" use of the drug. Physicians, based on their knowledge and on available current information, may use a drug for a use not indicated in the "approved" labeling if it seems reasonable or appropriate. It is estimated that over 25% of all drugs in the US are prescribed as off-label.

Contraindications

Persons should not be exposed to ketamine if they are pregnant, breastfeeding, have uncontrolled hypertension, unstable angina (chest pain/heart disease), increased intracranial pressure, liver disease, untreated hyperthyroidism or a previous allergy to ketamine.

Complications

Side effects of Ketamine can include a fast heartbeat, high blood pressure, mild anxiety, nausea, confusion, hallucinations, and mood changes. Although rare, unexpected complications with all new medications can occur and include the remote possibility of an allergic reaction, cardiac rhythm disturbance, and death.

Because Ketamine Therapy is sedating, **patients may not drive a vehicle for the remainder of the day after the treatment**. Patients recover quickly once the treatment ends but for several hours they can be dizzy, light-headed, confused, and uncoordinated. It's best to be safe and not drive. The hangover effect can last a full day. We require all our patients to have a driver. If you cannot prove you have a driver, we will be unable to start the treatment. You may not use any drugs or alcohol after the treatment as the results may be unpredictable and unpleasant.

Do not eat for 4 hours prior to the Ketamine Infusion/ Spray/ Shot/ or Oral Lozenges. A common side effect is nausea. Although this usually does not happen, we like to be prepared. Small and infrequent sips of water are ok. We can administer nausea medication if the patient desires or if they became nauseous with a previous treatment.

Expect to be at the clinic for at least 2 hours. We ask all patients to be at the clinic 30 minutes early. Our team needs time to finish up patients who may already be receiving services, start the IV/ IM Shot or Nasal Spray if required, obtain consents, and answer questions. If a patient is more than 15 minutes late, they may be rescheduled. This is necessary to keep our clinic schedule working on time and to accommodate all patients.

Depression and Pain Scales: Before each infusion, patients may be asked to complete either a brief depression or pain survey. This only takes a few minutes. This allows our team to objectively track and monitor your progress. If for some reason you choose not to do this, just let us know.

Cancellations less than 12 hours notice will be charged half of the regular appointment fee. So please keep this in mind and let us know early about any anticipated changes.

Injected Artistry and Ken Starr Wellness group does not assume any primary mental health care of our ketamine patients. Our Ketamine services are overseen by Dr. Starr but do not include any medication prescribing, medication management, disability evaluations or ongoing mental health services. **All Ketamine Patients are expected to have their own psychiatrist or mental health providers.** We prefer to work in conjunction with your therapist, psychiatrist or mental health professional.

Do not consume any drugs or alcohol on the same day you receive ketamine. Alcohol, marijuana, or pain meds can have unpredictable effects after receiving Ketamine and may cause problems.

Patient's Initials

_____ I understand that this is an off-label use of this medication, therefore no one can be fully aware of all possible side effects and complications.

_____ I understand that after my Ketamine treatment I am not to operate any heavy machinery (ie: car, motorcycle, etc) or consume alcohol or any recreational drug for at least 24 hours. I will have transportation to and from my appointment arranged prior to my treatment.

_____ The details of this treatment including anticipated benefits, material risks, and disadvantages have been explained to me in terms I understand.

_____ Alternative treatments, prescriptions and therapies, their benefits, material risks, and disadvantages have been explained to me in terms I understand.

_____ I understand and accept that the most likely material risks and complications of using Ketamine for off-label use have been discussed with me and may include but are not limited to: euphoria, dizziness, nausea, perceptual disturbances, confusion and a sense of an "out-of-body" experience.

_____ I have informed the doctor of all my known allergies.

_____ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, and other recreational drug or alcohol use.

_____ I have been advised whether I should take any or all of these medications while I am taking the above prescribed medication.

_____ I am aware and accept that results vary for individual patients and therefore no guarantees regarding improvement have been made. The doctor has answered all of my questions regarding this treatment/medication.

_____ I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

_____ I authorize the doctor(s) at Ken Starr MD Wellness Group to prescribe ketamine for my condition.

_____ I understand that Ketamine is an experimental, non-FDA approved treatment, for minors/adults.

_____ You agree to not use any recreational drugs such as alcohol, marijuana or stimulants on the day you receive ketamine therapy. We also very strongly recommend that you are not alone for the rest of the day that you receive ketamine treatment.

Patient Signature/Date: _____

Print Patient Name: _____

Adult Guardian Signature (if patient is under 18): _____

Print Guardian Name: _____

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed therapy for the patient. I have answered all questions fully, and I believe that the patient/legal representative fully understands what I have explained.

Physician Signature/Date: _____

Ketamine Release of Liability:

Release of Liability for IV Lounge by Injected Artistry, Injected Artistry mobile service, Ken Starr Wellness MD and Ken Starr MD:

_____ I understand that I will only be presented this form on my first visit to IV Lounge by Injected Artistry or Injected Artistry mobile service- and it will cover all return visits.

_____ If you are late or miss your appointment, you may be subject to a \$50 fee.

_____ Services must be paid for at time of service by Credit Card, cash or Zelle. And by signing this form, you give IV Lounge by Injected Artistry or Injected Artistry mobile service permission to charge your credit card or receive funds from your bank via APP based payment service for the services you have received.

_____ IV Lounge by Injected Artistry or Injected Artistry mobile service does not take any insurance as payment for any treatments. If you wish to seek insurance reimbursement, we would be happy to provide you an invoice that you can submit to your insurance company.

_____ I understand the treatments at IV Lounge by Injected Artistry or Injected Artistry mobile service are not considered medically necessary. Treatments given at IV Lounge by Injected Artistry or Injected Artistry mobile service are for the purpose of your personal health and wellness journey.

_____ I agree that if I am having any side effects or become sick after a treatment at IV Lounge by Injected Artistry or Injected Artistry mobile service that I will follow up with my primary care provider or go to an urgent care or emergency department. This follow-up care will be at **my own expense**.

_____ I acknowledge that IV Lounge by Injected Artistry or Injected Artistry mobile service and/or Ken Starr Wellness MD and Ken Starr MD, are not my primary care provider. I agree that I will continue with my primary care provider and notify them of treatments performed at IV Lounge by Injected Artistry or Injected Artistry mobile service.

_____ I understand that there are no refunds for services or products rendered.

_____ I understand that having an appointment with IV Lounge by Injected Artistry or Injected Artistry mobile service does not necessarily entitle me to having an IV infusion or injection procedure performed. Every individual is different, and it is at the medical providers discretion to issue treatment.

_____ I acknowledge that I have been advised of the risks and benefits of treatment. I also acknowledge that I have been advised of possible complications and side effects. I understand the risks, benefits, complications, and side effects of treatment.

_____ I am voluntarily requesting treatment with IV Lounge by Injected Artistry or Injected Artistry mobile service. IV infusion therapy and injection therapy as determined by a mutual decision between myself and the medical provider.

_____ I do not hold any medical practitioner of IV Lounge by Injected Artistry or Injected Artistry mobile service and/or Ken Starr Wellness MD or Ken Starr MD responsible for adverse reactions, or potential side effects of any treatment. I agree that I will follow up with my primary care provider with any questions or concerns. Again, I hold IV Lounge by Injected Artistry or Injected Artistry mobile service, Ken Starr Wellness MD and Ken Starr MD harmless if an adverse event occurs during my treatment.

I have read, understand, and agree to all of the above statements.

Signature: _____ Date: _____

Print: _____