



Wayfound Physician Assessment Intake Form

Dear Physician,

Your patient has been assessed and referred to our clinic for possible treatment with Ketamine Assisted Psychotherapy (KAP). It is important to us that our patients' primary care physician is part of the treatment team as we believe the patient will have better outcomes with open communication between team members.

In order for us to proceed, it is important to ensure that your patient is medically safe to take part. We ask that you complete the following:

Physical examination (within 30 days of starting program):

CNS			
CVS			
RESP			
Blood Pressure		Heart Rate	
Height		Weight	

- Urinalysis
- Blood work: CBC, creatinine, electrolytes, GGT, ALT, Random Glucose or HbA1c, hCG (women);
- ECG

For the purpose of medically clearing a patient for KAT there are **Contraindications to KAT treatment**. Please indicate if any of these apply:

- Schizophrenia
- Bipolar Disorder
- Borderline Personality Disorder (unstable)
- Active psychotic disorder
- Active significant substance abuse (unable to detox)
- Pregnancy
- Uncontrolled severe hypertension
- Unstable Medical Condition (ie. Unstable CAD, uncontrolled Diabetes, uncontrolled seizure disorder, etc.)

We ask that, barring any unusual results or contraindications to KAT, you would be able to medically clear this patient for treatment. If you have any questions, please don't hesitate to contact us.



"I medically clear this patient, _____, to participate in Ketamine Assisted Psychotherapy treatment, and have noted no unusual findings in the aforementioned lab work or tests that would disqualify them. This patient does not have any of the contraindications to treatment."

Signature

Date

Physician Name:

Clinic Name:

Address:

Phone Number:

Fax Number: _____

Are there any abnormal test findings, or any reason you cannot clear this patient for KAT?