

Thank you for considering the Wayfound Ketamine Assisted Psychotherapy program for your patient! To minimize the amount of stress placed on the client during this process and to ensure your referral is processed in a timely manner, please review the following information and let us know if you or your patient have any questions or concerns prior to referring.

Our highest obligation is always to the physical, emotional, and mental safety and wellbeing of our clients. As such, if a referral is incomplete or missing information it may be rejected. For this reason and to avoid any delays in your patient's treatment, please ensure that you fill out every field in your referral before submission.

Please note that the Wayfound Ketamine Program is **not eligible for coverage through provincial health care**. The only services covered by Alberta Health Care are those provided directly by a psychiatrist. This will include one of the client's initial assessments and any subsequent follow up appointments with the psychiatrist specifically.

Prior to referring, please ensure you have informed your patient of this and the following:

- The patient will be responsible for paying out-of-pocket for all appointment fees.
 - Integration sessions may be eligible for coverage by private insurance plans (please have your patient discuss this with their provider); however, the Wayfound Ketamine Program **does not direct bill to any insurance providers**.
- Prescriptions for ketamine will be faxed from Wayfound directly to the pharmacy. The patient will be responsible for contacting the pharmacy and picking up their ketamine prior to dosing appointments, as well as all associated costs.
- If your patient has a third party claim they must advise their case manager of this referral request prior to any appointments being booked.
- Clients may request to have their integration therapy conducted by a psychologist not employed by Wayfound **only if said psychologist has completed ATMA's KAT Clinician Training program**.

By signing below and submitting this referral I confirm that:

- The provider has reviewed and confirmed understanding of the information listed above with the patient and notified them of this referral
- The provider has provided the patient with a copy of the Wayfound KAP Program Summary (attached)
- The provider and patient understand that their referral may be rejected at the discretion of the Wayfound KAP Program if deemed ineligible or incomplete, and that the provider will be notified via fax should this occur

Provider Name (please print)

Provider Signature

Date

Patient Name (please print)

Patient Signature

Date



Ketamine Assisted Psychotherapy (KAP) – Group Program

Program Overview:

The first step to participating in the program is to get a referral from your family doctor. This referral must specify that it is for KAP. When you go to your doctor to obtain this referral, take the Physician Assessment document with you for your doctor to complete. Your doctor will provide you with requisitions for labs and an ECG. Next is our Client Intake form. Please complete this form to the best of your ability. Once the forms and your referral are complete, please either email or fax them back to reception@wayfound.ca or (Fax) 403-538-2618. When we receive them all, we will then contact you to schedule the 2-hour psychiatric assessment.

After your psychiatric assessment, the treatment team will meet and determine if you are a candidate for the program.

Prior to starting the program, participants will be required to schedule 1 prep session (1Hour) with a Wayfound KAP psychologist. This session is to prepare the participant for the ketamine dosing sessions. The cost of this session is \$250 and is not included in the program fees.

WEEK 1

Tuesday 9:00am - 5:15pm

Lunch is included in your program fees for this day

Schedule includes: Instructions and psychoeducation about ketamine, Mindfulness, Journaling, NADA Acupuncture, Ketamine Journey #1

Wednesday 9:00am - 12:30pm

Schedule includes: Integration & Group Processing, Mindfulness

WEEK 2

Tuesday 9:00am - 5:15pm

Lunch is included in your program fees for this day

Schedule Includes: Check in (week review), Polyvagal Nerve Learning & Somatic Exploration, Somatic Scanning, Polyvagal Ladder, NADA, Ketamine Journey #2

Wednesday 9:00am - 12:30pm

Schedule Includes: Integration & Group Processing, Mindfulness



WEEK 3

Tuesday 9:00am - 5:15pm

Lunch is included in your program fees for this day

Schedule includes: Check in (week review), Polyvagal Ladder, Somatic Scanning, Exercise & Diet Education, NADA, Ketamine Journey #3

Wednesday 9:00am - 12:0pm

Schedule Includes: Integration & Group Processing, Mindfulness

WEEK 4

Tuesday 9:00am - 5:15pm

Lunch is included in your program fees for this day

Schedule includes: Check in (week review), Polyvagal Ladder, Somatic Scanning, Lifestyle Changes to Extend Ketamine Effects, NADA, Ketamine Journey #4

Wednesday 9:00am - 1:15pm

Schedule Includes: Integration & Group Processing, Mindfulness, Closing Event

On Tuesdays, participants must have a ride home arranged as they cannot drive after taking ketamine

Program Total (Not including prep session or the cost of ketamine): \$3199.99

This amount must be paid in full prior to the first day of the program.

KETAMINE REFERRAL FORM

Patient Information

Last Name <i>(Legal)</i> :	First Name <i>(Legal)</i> :	
Preferred Name:	DOB <i>(mm/dd/yyyy)</i> :	
Alberta Health Care #:	VAC #:	WCB #:
Email:	Phone (1):	Phone (2):
Patient Address:		
<small>Unit/Street No.</small>	<small>Street Name</small>	<small>City</small>
		<small>Province</small>
		<small>Postal Code</small>

Additional Patient Information

Patient has a guardian	Patient has an alternative contact
Patient has vision requirements	Patient has hearing requirements
Patient has physical limitations	Patient is unable to communicate in English

Referrer Information

Date of Referral <i>(mm/dd/yyyy)</i> :	
Referring Clinician:	PraCID:
Clinic:	Phone:
Clinic Address:	Fax:
Family Physician <i>(If different from above)</i> :	PraCID:
Clinic:	Phone:
Clinic Address:	Fax:

Referral Information

Is this referral in relation to an active WCB claim for this patient? Yes No			
Priority of Referral	Routine	Urgent	Emergent
Patient's Current State	Stable	Worsening	
Active Medications		Active Medical/Psychological Conditions	

Referral Details:

Completed By:

Name	Signature	Date
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