

Eligibility Screening for Ketamine



Promise Medical
Family Practice

First Name:

Last Name:

I am 18 years old or older

Any possibility of pregnancy ?

Blood pressure is controlled ?

I have tried other treatments for depression and/or currently on anti-depressants ?

Have you ever had any of the following? if yes, please explain.

Glaucoma ?

Aneurysm ?

Sleep apnea ?

Schizophrenia ?

Allergy to ketamine ?

Chiari malformation ?

Heart Failure / CHF ?

History of alcoholism ?

Any psychotic disorder ?

Kidney or liver disease ?

Heart murmur or arrhythmia ?

Decreased lung function / COPD ?

Previous adverse reaction to anesthesia ?

Any unstable or concerning medical condition ?

Any medical condition causing increased spinal fluid pressure ?

Signature: _____

Date: _____