



Ketamine Management Agreement

Patient Name: _____

Date of Birth: _____

This agreement outlines the terms and conditions for using ketamine as part of a ketamine management plan under the care of Dr. Jason Yee at Boston MindCare. Ketamine may be used for the treatment of certain mood disorders and chronic pain conditions under the conditions outlined below:

1. Purpose of Ketamine Therapy

I understand that ketamine may be used to treat mood disorders and chronic pain conditions when traditional therapies have been insufficient. The treatment aims to reduce pain, improve mood, optimize functional status, and enhance my quality of life. Ketamine may be administered via:

- IV infusion at a medical office
- Oral lozenges or tablets
- Intranasal spray
- Other methods as determined by my provider

2. Setting and Supervision

I agree to the appropriate setting based on my individual treatment plan:

- Clinic-based administration: I will attend all scheduled appointments, follow clinic protocols, and remain under observation for the duration of the session.
- Home-based administration (if prescribed): I agree to store medication safely, never share it, and comply with all home monitoring guidelines. I understand that this requires strict adherence and may be withdrawn at any time if deemed unsafe.

3. Treatment Risks and Side Effects

I have been informed of potential risks and side effects associated with ketamine, which may include:

- Drowsiness, dizziness, blurred vision

- Temporary anxiety and lower mood for 24-48 hours
- Confusion, disorientation, dissociation or hallucinations, headache
- Nausea or vomiting
- Elevated blood pressure or heart rate
- Urinary frequency, bladder irritation (with long-term use)
- Potential for psychological dependency

I agree to immediately notify my provider of any adverse effects.

4. Safe Use and Monitoring

I agree to:

- Take/receive ketamine only as prescribed
- Not exceed the prescribed dose or frequency
- Notify my provider of any changes in medications or health status
- Undergo periodic evaluations, including urine drug screening or blood tests
- Allow communication between my pain specialist and any other healthcare providers involved in my care

5. Driving and Safety

I understand I may experience cognitive or physical impairment following ketamine use. I agree that:

- I will not drive, operate machinery, or engage in risky activities for at least 12 hours after receiving ketamine or longer if symptoms persist.
- A responsible adult will accompany me if required after IV or monitored sessions.

6. Prohibited Behaviors

I understand that I may be discharged from ketamine therapy if I:

- Use ketamine inappropriately or share it with others
- Obtain ketamine from unauthorized sources
- Use illicit substances or fail to comply with monitoring
- Miss multiple scheduled appointments or fail to participate in follow-up care
- Show evidence of misuse, diversion, or dishonesty about medication use

7. Adjunct Therapies and Responsibilities

Ketamine is not a standalone treatment. I understand that:

- I may be required to participate in physical therapy, psychotherapy, or other modalities
- I am expected to actively engage in my overall treatment plan
- Pain reduction, not total elimination, is the goal

8. Termination of Therapy

This agreement may be terminated at any time at the discretion of my provider.

Termination may occur due to:

- Violation of this agreement
- Adverse reaction or safety concerns
- Lack of benefit from ketamine after an appropriate trial

Patient Acknowledgement and Consent

I have read, understand, and agree to the terms above. I have had the opportunity to ask questions about ketamine therapy and understand the risks and responsibilities involved.

Patient Signature: _____

Date: _____

Provider Signature: _____

Date: _____

Clinic Name/Location: Boston MindCare, 52A Waltham Street, Lexington, MA 02421