

## Ketamine Assisted Psychotherapy Informed Consent

For you to decide whether you should undertake this therapy, you should understand enough about its risks and benefits to make an informed decision. This process is known as informed consent.

By signing this form, I acknowledge and agree to the following:

1. I have received and reviewed the KAP Information sheet, as well as the KAP Practice Policies document.
2. I have had the opportunity to question the psychotherapist involved in my Ketamine therapy and have received satisfactory answers.
3. I understand the risks involved in my Ketamine therapy, such as increased blood pressure and heart rate and bladder dysfunction
4. I understand that it is very important to abstain from eating or drinking in the 4 hours prior to my dosing treatment to avoid nausea or vomiting. I am to have nothing in my stomach, except for my KAP doctor approved medications, taken with sips of water.
5. I understand that I need to have someone trusted drive me home from the Ketamine dosing sessions, and to not engage in any driving or operation of machinery on the day of the Ketamine dosing session.
6. I fully understand that the Ketamine session can result in a profound change in mental state and may result in unusual psychological and physiological effects.
7. I have been given a signed copy of this informed consent form, which is mine to keep.
8. I understand the risks and benefits of ketamine therapy, and I freely give my consent to participate in Ketamine therapy outlined in the KAP Information sheet, under the conditions outlined.
9. I understand that I may withdraw from Ketamine therapy at any time, up until the actual lozenge has been given.
10. I understand all information stated in the KAP Practice Policies document regarding confidentiality, payment, cancellations and professional record keeping, and agree to abide by its terms during our professional relationship.

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Client Initials

**Nikki Fall, LCSW**

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By signing this form, I agree that:

**STATEMENT I have read this consent and have received satisfactory answers to all my questions. I understand the risks and benefits and give my consent to participate in Ketamine treatment.**

**Client**

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Date	Name	Signature
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**STATEMENT I have carefully explained the nature of subanesthetic ketamine therapy to this patient. I hereby certify that to the best of my knowledge, the individual signing this consent form understands the nature, conditions, risks, and potential benefits involved in participating in ketamine therapy. A medical problem or language or educational barrier has not precluded a clear understanding of the subject's involvement in KAP.**

**Psychotherapist**

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Date	Nikki Fall, LCSW Name	Signature
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