

# Informed Consent for Ketamine Assisted Psychotherapy

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

1. I understand the risks and benefits of ketamine therapy and I have had the opportunity to have my questions answered by \_\_\_\_\_ (prescriber) and Ellis McCauley (psychotherapist) in regards to the Ketamine Assisted Psychotherapy that I will be receiving.
2. I understand that I am to have nothing in my stomach (food or drink) for 3-4 hours before my ketamine dosing session, except for my usual medications and sips of water.
3. I understand that I need to have someone drive me home from treatment and to not engage in any driving or operation of heavy machinery on the day of my ketamine dosing session.
4. I fully understand that the ketamine sessions can result in a profound change of my mental-state and may result in unusual psychological and physiological effects.
5. I understand that I have been advised to not making any major life-changing decisions for at least a few days after the sessions.
6. I understand that I may withdraw from ketamine therapy at any time up until the actual dose has been taken
7. I understand that Ellis McCauley will support me during my Ketamine experience but that she is not a prescriber and will only be a support in the discretion regarding dosage within the parameters established by the medical prescriber.
8. I understand that Ellis McCauley is certified in Psychedelic-assisted psychotherapy by California Institute for Integral Studies (CIIS), in the Center for Psychedelic Therapies and Research (CPTR) post-graduate study program and has trained with Polaris Insight Center in the use of Ketamine-assisted psychotherapy.

\_\_\_\_\_  
Name  
Client

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

