



Ketamine Infusion Therapy (KIT) Intake Form

Name _____ Age _____ Last 4 of SS# _____

Sex _____

Race (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Black or African American | |
| <input type="checkbox"/> Hispanic or Latina | |

Partner Status:

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Partnered | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |

Highest Level of Education:

- | | |
|--|--|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Bachelor's |
| <input type="checkbox"/> High school graduate or GED | <input type="checkbox"/> Master's |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Post Master's |
| <input type="checkbox"/> Associate's | |

Learning disability:

- ☐ No
- ☐ Yes (please list) _____

History of Traumatic Brain Injury (TBI):

- ☐ No
- ☐ Yes (please explain) _____

Current nicotine use (cigarettes, vape, nicotine patches):

- ☐ No
- ☐ Yes

Current alcohol use:

- ☐ None
☐ Monthly or less
☐ Weekly
☐ Several times a week
☐ Daily: ☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ >6

Current substance use (legal or illicit):

- ☐ None
☐ Yes (please list what substance and how often. Please be honest—it's for your safety.
There is no judgement here.) _____
-

Current Medications (prescription or over-the-counter):

Name of Medication	Dosage	Frequency

Please check if you take any of the following supplements:

- Y ☐ N ☐ St John's Wort
Y ☐ N ☐ Kava
Y ☐ N ☐ Valerian
Y ☐ N ☐ High-dose Magnesium
Y ☐ N ☐ L-theanine
Y ☐ N ☐ High-dose Omega-3
Y ☐ N ☐ CBD

Please check any box that applies to you currently or in the past for the following sections.

Current	Past	Mental/Behavioral diagnosis:
<input type="checkbox"/>	<input type="checkbox"/>	PTSD/CPTSD
<input type="checkbox"/>	<input type="checkbox"/>	Depression (Major Depressive Disorder, Postpartum Depression)
<input type="checkbox"/>	<input type="checkbox"/>	Anxiety (Generalized Anxiety Disorder, Social Anxiety, OCD, Phobias)
<input type="checkbox"/>	<input type="checkbox"/>	Other Diagnosis (Schizophrenia, Bipolar, Schizoaffective disorders)
<input type="checkbox"/>	<input type="checkbox"/>	Substance abuse (Alcohol, Opioids, Cannabis, other illicit drugs)

Current	Past	Mental/Behavioral health treatments:
<input type="checkbox"/>	<input type="checkbox"/>	Individual therapy
<input type="checkbox"/>	<input type="checkbox"/>	Group therapy
<input type="checkbox"/>	<input type="checkbox"/>	Inpatient hospitalization for suicide ideation/homicidal ideation, increase in concerning behaviors
<input type="checkbox"/>	<input type="checkbox"/>	Intensive outpatient program
<input type="checkbox"/>	<input type="checkbox"/>	Electroconvulsive therapy (ECT)
<input type="checkbox"/>	<input type="checkbox"/>	Transcranial magnetic stimulation (TMS)
<input type="checkbox"/>	<input type="checkbox"/>	Stellate Ganglion Block (SGB)
<input type="checkbox"/>	<input type="checkbox"/>	Ketamine Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Mental health medication management

Current	Past	Mental/Behavioral health medications (medications listed are not exhaustive in each category):
<input type="checkbox"/>	<input type="checkbox"/>	Antipsychotics (Thorazine, Haldol, Risperdal, Zyprexa, Seroquel, Geodon, Abilify, Invegal)
<input type="checkbox"/>	<input type="checkbox"/>	Antidepressants (Prozac, Zoloft, Paxil, Lexapro, Effexor, Cymbalta, Wellbutrin, Tofranil, Anafranil)
<input type="checkbox"/>	<input type="checkbox"/>	Anti-anxiety (Klonopin, Xanax, Ativan, Buspar)
<input type="checkbox"/>	<input type="checkbox"/>	ADHD (Ritalin, Concerta, Adderall, Metadate, Dextrosat)
<input type="checkbox"/>	<input type="checkbox"/>	Betablocker (Propranolol)
<input type="checkbox"/>	<input type="checkbox"/>	Mood Stabilizers (Lithium, Depakote, Tegretol, Lamictal, Trileptal)
<input type="checkbox"/>	<input type="checkbox"/>	MAOI (Isocarboxazid/Marplan, Phenelzine/Nardil, Selegiline/Emsam, Tranylcypromine/Parnate)