

Health and History Survey

Journey to New Hope

The purpose of this document is to get a sense of your health and background, and to make sure it is safe for you to take ketamine. In our intake session we will go over your health history, but the more we can both prepare ahead of time, the more time we will have to really know each other and build trust. Please answer honestly! But don't feel obligated to fill out parts that don't fit, that seem redundant, or that you really don't want to answer. I may need to enquire, but only as much as I need to know for your safety, both physical and emotional. *I will always respect your boundaries.*

The questionnaire is extensive and may feel intrusive at times. Again, feel free to hold things back, but please indicate that you are choosing not to say something. It's okay to do so. The issue of safety is multi-fold: medically safe so it doesn't do physical harm; safe to give the drug without triggering severe psychiatric symptoms; and safe to deal with issues and experiences that might come up.

Name:

Date of birth:

Gender:

Gender at birth, if different:

Address:

Phone:

Email:

Emergency contact and phone:

Therapist:

Primary care doctor:

Behavioral health prescriber:

Medical history:

Briefly, describe your health, including comments on the things checked above. What issues affect your health day-to-day, and what do you wish was better about your health?

What medical conditions have you been hospitalized for, besides surgeries and childbirth?

What operations have you had?

For women: Is there any possibility that you are pregnant?

What prescription medications do you take? What are they taken for?

What over-the counter medications do you take? What are they taken for?

What diet supplements do you take? What are they taken for?

Are there any medications that you are allergic or intolerant to? What reaction did you have?

What medical concerns do you have going into ketamine treatment?

Pain:

Do you have ongoing or daily pain that interferes with your quality of life or function? If so, when did it start? Where is your pain? What do you currently do (including medications) to treat your pain?

Family history

Please tell me about any illnesses that are in your biological family including grandparents, parents, siblings, and children.

What psychiatric illnesses are there in your family? Please note especially depression, anxiety, OCD, bipolar disorder, schizophrenia.

Has anyone committed suicide, or attempted to do so?

Has anyone been hospitalized for mental health reasons?

To the best of your knowledge, are there family members who are haunted by their traumas?

Does anyone have active substance abuse (alcohol abuse, drugs,) or a history of addiction/dependence?

Does anyone in your family have a behavioral addiction (gambling, eating disorder, sexual compulsive disorder, etc?)

Are there family secrets that either you suspect but don't know for sure, or that you know but don't/can't talk about?

Mental health history:

Have you been told by a physician or behavioral health professional, or have you suspected, that you were dealing with: Depression, anxiety (including panic attacks,) obsessive-compulsive disorder (OCD,) ADHD, Bipolar disorder/manic-depressive disorder? Describe your symptoms.

Have you been told by a physician or behavioral health professional, or have you suspected, that you were dealing with: psychosis, hallucinations, schizophrenia, schizoaffective disorder, or borderline personality disorder? Please describe your experience.

Have you been diagnosed with post-traumatic stress disorder (PTSD,) or have you had significant trauma in your life? Do you suspect PTSD? Are there. Memories that haunt you, that you cannot consistently avoid?

Have you been diagnosed with other behavioral health conditions, including eating disorders, gender dysphoria, autistic spectrum?

Questions about symptoms. If you have experienced any of these, please describe your experience.

Hallucinations, seeing or hearing something that shouldn't have been there?

Delusions, times where you were completely convinced of things that were not true, and people around you knew they were not, when your grasp on reality was impaired

Manic episodes, where you went days on end not needing sleep, feeling invincible, making consistent bad decisions about things like money, sex, drugs/ alcohol, or other behaviors?

Uncontrollable compulsions/behavioral addictions such as self-harm, sexual behavior, gambling, spending?

Dissociation, where there is a complete disconnect between your conscious mind and what is happening to your body or your emotions?

Addiction to alcohol or drugs, uncontrolled use of alcohol or drugs, difficulty controlling substance use; or have alcohol or drug use caused problems in your life, including relationships, work, or health?

Uncontrollable anger that makes you lash out or makes it difficult to function?

Flashbacks, where you re-live painful events of the past without wanting to, with a sense of really being there?

The next questions ask about history of traumas. Some of these may be very difficult to discuss or even contemplate.

Have you experienced sexual abuse, molestation, or rape? Have you felt a lot of threat of sexual violence? Have you felt emotionally violated sexually? Do you remember being sexually abused in any way as a child, or do you suspect that you were abused but don't remember? Have you ever abused someone sexually?

If none of the above, do these questions make you feel deeply uncomfortable?

Have you experienced personal violence, especially life-threatening violence? Have you been in a war or war zone? Have you had exposure to life-threatening interpersonal violence?

Have you committed violence against a loved one? Have you committed acts of violence that haunt you or whose memory is? Do you get enjoyment, gratification, or emotional relief from violence?

Questions on suicide. Do you have thoughts of killing yourself? Have you ever attempted to end your own life? Do you have access to a firearm at home? Do you have plans as to how you would kill yourself if you did? Have you had a family member or friend commit suicide, or attempt suicide?

Do you find you walk around with a feeling of guilt, whether it makes sense or not? Are there specific things you feel guilty for (don't specify if you don't want to)?

Do you have a strong sense of shame? Are there significant specific things, or does it more feel like a part of who you are? If someone you cared about carried the same shame with your same life experiences, would you feel like the shame was appropriate for them to carry?

Do you feel haunted by things in your past or your life, either specific memories or a vague sense? Do you have a lot of intrusive memories or thoughts that you want to push away?

Questions about your life and lifestyle that can effect emotional health

There are a number of questions below that help to give a picture of your mental state, your background, and what might help improve your quality of existence. You may feel shy or embarrassed about answering some of them. Please don't: nobody has a life that is "all together," everybody has gaps. And if you didn't have some big gaps or problems in relationships, self-image, self-care, and so on, you wouldn't be coming in for ketamine!

How is your health in general? Do you feel like your health is good? If not, what do you feel is less than good about your health?

How would you sum up your emotional health?

Please discuss habits:

Do you use tobacco? What, how, and how much?

Do you use alcohol? Realistically, how often do you drink, and how much each time? Do you have times of binge drinking?

Recreational drug use: what (including cannabis and use of prescription drugs for recreation), how much and how often, and by what route?

Describe, as well as you can, your nutrition and your eating patterns.

What is your pattern of physical activity? This includes formal exercise, time spent physically doing things, and time of being sedentary (especially watching TV.)

Questions about your sleep pattern:

Do you have a regular time you go to bed?

When do you get up, and is there a consistent time?

How much trouble do you have going to sleep?

Do you wake up at night and have trouble getting back to sleep?

Do you have sleep apnea, and if so, do you use any kind of treatment for it?

Do you take anything to help you sleep?

Do you have nightmares regularly? Do you dream? Anything about your dreams that is noteworthy?

Do you feel rested when you get up?

Do you sleep during the day on any regular basis?

Do you have a religious or spiritual practice, including church or other membership, regular practices on your part such as prayer or meditation, and personal belief systems?

Do you consider yourself an intuitive person or empath, able to tune into other people on a level that is not physically apparent? Do you feel like you can connect with people's inner lives or souls, see auras, be aware of spirits, be attuned to ambient energy? If so, does this cause you distress?

Who do you consider your family? In addition to them, are there biological/legal family members with whom you are not close or who you avoid? Does your family live physically close? Are they supportive, undermining, or a combination of both?

Do you have a support system? Do you have close friends (not all of us do!) Are there people you could go to with material or emotional needs?

How do you function socially? Do you have a large circle of friends/acquaintances, a small circle, individual friends, or not much in the way of friends? Do you enjoy social situations with people you know? With people you don't know? Do you make friends easily?

Are you in a primary relationship? For how long? Is it supportive, undermining, mixed? Do you feel like you are a good partner? Is your partner a good partner? Have you had thoughts of ending the relationship? Do you feel safe in the relationship, physically, sexually, mentally, monetarily?

Is there anything that you would like known about your sexual preferences or practices? Is sex enjoyable for you? Do you feel like there is something inadequate or off about your sex drive or function?

What is your current living situation?

What is your work?

What is your education background?

Describe your childhood. Are there areas you just don't want to talk about?

Do you have insecurity about access to food, about housing, transportation, impoverishment, access to health care, personal safety and safety of your family, or employment?

Is there anything else you think is important to know about you and your total health picture?