

Cottonwood Family Medicine

KETAMINE MEDICAL INTAKE FORM

Name _____ DOB _____ Weight _____

Address _____ Phone _____

May we leave voicemail for you? _____yes _____no

Emergency contact _____ Phone _____

Primary Physician/Therapist _____ Phone _____

Presenting issue(s) _____

MEDICAL/SURGICAL HISTORY

Allergies to food or medication _____

Please list any medications: current and discontinued _____

Any surgical procedures _____

Any problems with your anesthesia _____

Please list any current or resolved conditions regarding **Neurological/brain** conditions (stroke, epilepsy, concussion, etc.) _____

Please list any current or resolved conditions regarding **Cardiac/heart** conditions (high blood pressure, heart attack, heart murmurs, etc.) _____

Please list any current or resolved conditions regarding **Pulmonary/lung** conditions (asthma, COPD, tobacco use) _____

Please list any current or resolved conditions regarding **Gastro/liver/intestinal** conditions (crohn's disease, IBS, hepatitis, etc) _____

Please list any current or resolved conditions regarding **Endocrinology/Diabetes/thyroid** conditions _____

Please list any current or resolved conditions regarding **Renal/kidney** conditions (renal failure, dialysis) _____

Please list any current or resolved conditions regarding **Orthopedic/bone** conditions (fractures, rheumatoid or osteo-arthritis, spinal injuries) _____

Psychological/Mental health conditions (depression, anxiety, PTSD, suicidal attempts or ideations) _____

Other conditions (glaucoma, cancers, fibromyalgia, chronic pain) _____

HISTORY OF PRESENT SYMPTOMS (separate history for each problem)

Time since onset and circumstance of onset _____

Prior treatments and effects _____

Do you exercise regularly _____

Are you happy with your weight _____

What are your sleep habits _____

How much alcohol do you drink and what kind _____/day _____/week

List any non-prescriptive or illicit drugs _____

Have you wanted/needed to cut down on your drinking or drug use in the last year _____

In the last year have you used alcohol or drugs to deal with feelings of frustration or stress _____

As a result of drinking or drug use, has anything happened in the last year that you wished hadn't happened _____

Please add any other pertinent health information not covered on this sheet. _____

Signature _____ Date _____

