



MIND MOOD PAIN

Have you experienced a poor response to oral antidepressants in the past? _____

Have you experienced intolerable side effects to antidepressants in the past? _____

Have you failed treatment with: ECT TMS Psychotherapy?

Have you participated in: Inpatient Psychiatric Hospital or Intensive Outpatient Program?

Are you currently pregnant, breastfeeding or planning to become pregnant in the next 6 months? _____

Failed Antidepressants:

Name	Dose/Frequency	Start Date	Stop Date	Reason for Discontinuation

Have you ever been diagnosed with the following?

Uncontrolled hypertension? No Yes Type: _____ Onset: _____

Unstable heart disease? No Yes Type: _____ Onset: _____

Stroke or brain bleed? No Yes Onset: _____

Aneurysm? No Yes Onset: _____

Arteriovenous Malformation? No Yes Type: _____ Onset: _____

Interstitial Cystitis? No Yes Prescription: _____ Onset: _____

Moderate to severe liver disease? No Yes Type: _____ Onset: _____

Moderate to severe kidney disease? No Yes Type: _____ Onset: _____

Psychosis? No Yes Onset: _____

Schizophrenia? No Yes Onset: _____

Bipolar Mania? No Yes Onset: _____

A reaction to ketamine or esketamine? No Yes Symptoms: _____

Other medical conditions? _____



MIND MOOD PAIN

Do you have a diagnosis of Substance Use Disorder? No Yes Type: _____ Onset: _____
Date of Sobriety? _____

Have you used any of the following substances in the last 6 months? If yes, please list how often you use them and the last date of use. (Please indicate if the substance is medically prescribed)

Marijuana: No Yes Frequency: _____ Last Used: _____ Prescribed? _____

Opiates: No Yes Frequency: _____ Last Used: _____ Prescribed? _____

Ketamine: No Yes Frequency: _____ Last Used: _____ Prescribed? _____

Cocaine: No Yes Frequency: _____ Last Used: _____

Alcohol: No Yes Frequency: _____ Last Used: _____

Tobacco: No Yes Frequency: _____ Last Used: _____

Vape: No Yes Frequency: _____ Last Used: _____

Phencyclidine (PCP) No Yes Frequency: _____ Last Used: _____

Lysergic Acid Diethylamide (LSD) No Yes Frequency: _____ Last Used: _____

Psilocybin (magic mushrooms) No Yes Frequency: _____ Last Used: _____

Are you able to attend treatment appointments twice a week for the first 4 weeks and weekly to monthly after?

Do you have reliable transportation (a driver) for treatment?

Click **Here** to sign a release for us to submit a benefits investigation for Spravato.

Click here for a copy of our patient consent form.

Click here for new patient paperwork.

Click here for a Release of Information



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Initial Treatment Patient Instructions

Patient Instructions:

Treatment with Spravato (esketamine) is dependent on insurance approval. Insurance companies established criteria a patient must meet to initiate and continue this treatment. A patient must have depression that is resistant to treatment (failed traditional antidepressants) and is severe to extreme (measured by the BECK-D scale on the attached form). A score of 31 (scores range from 0-63) or higher is required by most insurance companies. In addition, to continue treatment, a patient must have a BECK-D score of less than 10 or a decrease of 50% from their initial BECK-D score. The higher the initial score, the easier it is to meet the 50% decrease at treatment #6. Answer the questions honestly and thoughtfully.

We want the decision to continue or end treatment to be yours and not based on a depression form.



MIND MOOD PAIN

Beck's Depression Inventory

Phone: 405.703.0937

1109 South West 30th Court Moore, OK 73160

Fax: 405.676.5802



MIND MOOD PAIN

Patient Name: _____

Date: _____

Score: _____

Scoring: 1-10 Normal

11-20 Mild depression

21-30 Moderate depression

31-40 Severe depression

Spravato criteria: severe enough for treatment

<40 Extreme depression

1. 0 I do not feel sad.
1 I feel sad.
2 I am sad all the time and I can't snap out of it.
3 I am so sad and unhappy that I can't stand it.

2. 0 I am not particularly discouraged about the future.
1 I feel discouraged about the future.
2 I feel I have nothing to look forward to.
3 I feel the future is hopeless and that things cannot improve.

3. 0 I do not feel like a failure.
1 I feel I have failed more than the average person.
2 As I look back on my life, all I can see is a lot of failures.
3 I feel I am as complete failure as a person.

4. 0 I get as much satisfaction out of things as I used to.
1 I don't enjoy things the way I used to.
2 I don't get real satisfaction out of anything anymore.
3 I am dissatisfied or bored with everything.

5. 0 I don't feel particularly guilty.
1 I feel guilty a good part of the time.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.

6. 0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.

7. 0 I don't feel disappointed in myself.
1 I am disappointed in myself.



2 I am disgusted with myself.
3 I hate myself. MIND MOOD PAIN

8. 0 I don't feel I am any worse than anybody else.
1 I am critical of myself for my weaknesses or mistakes.
2 I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.
9. 0 I don't have nay thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.
10. 0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.
11. 0 I am no more irritated by things than I ever was.
1 I am slightly more irritated now than usual.
2 I am quite annoyed or irritated a good deal of the time.
3 I feel irritated all the time.
12. 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all interest in other people.
13. 0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions more than I used to.
3 I can't make decisions at all anymore.
14. 0 I don't feel that I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel there are permanent changes in my appearance that make me look unattractive.
3 I believe that I look ugly.
15. 0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.
16. 0 I can sleep as well as usual.
1 I don't sleep as well as I used to.



MIND MOOD PAIN

- 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.
18. 0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.
19. 0 I haven't lost much weight, if any, lately.
1 I have lost more than five pounds.
2 I have lost more than ten pounds.
3 I have lost more than fifteen pounds.
20. 0 I am no more worried about my health than usual.
1 I am worried about my physical problems like aches, pains, upset stomach, or constipation.
2 I am very worried about my physical problems and it's hard to think of anything else.
3 I am so worried about my physical problems that I cannot think of anything else.
21. 0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I have almost no interest in sex.
3 I have lost interest in sex completely.

Continued on next page



Bipolar Mania is a contraindication to treatment with Spravato or Ketamine. The following questions assess your recent mood to ensure that you are not currently experiencing a manic or hypomanic episode.

Have you experienced or been diagnosed with Bipolar mania?

- Yes
- No

If yes, when was the last time you were manic? _____

Mark symptoms you've experienced in the past 2 weeks.

- I feel happier or more cheerful than usual
- I feel more self-confident than usual
- I need less sleep than usual
- I frequently talk more than usual
- I have frequently been more active than usual

Psychosis is a contraindication to treatment with Spravato or Ketamine. The following questions assess your recent mental status to ensure that you are not currently experiencing an episode of psychosis. Answer yes or no to the following questions:

1. Have you ever been diagnosed with schizophrenia or psychosis?
 - Yes
 - No
2. Do you have thoughts others think are bizarre or out of touch with reality?
 - Yes
 - No
3. Do you ever hear voices or see things that aren't there?
 - Yes
 - No
4. Do you ever feel paranoid or feel like others are out to get you?
 - Yes
 - No
5. Do you feel like others are sending you messages or controlling your mind or thoughts?
 - Yes



- No

MIND MOOD PAIN

Current substance abuse or dependence can complicate treatment with Spravato and Ketamine. A history of substance abuse increases the risk of abusing Ketamine recreationally. The following questions help us determine if treatment is appropriate for you.

6. Have you used drugs other than those required for medical reasons?
 - Yes
 - No
7. Have you abused prescription drugs?
 - Yes
 - No
8. Are you always able to stop drinking/using drugs when you want to?
 - Yes
 - No
9. Have you ever been in trouble because of alcohol/drug abuse?
 - Yes
 - No
10. Have you ever experienced withdrawal symptoms as a result of heavy alcohol/drug intake?
 - Yes
 - No