Informed Consent and Patient Agreement for Treatment with Spravato

First Name	Last Name	M.I.	Date of Birth

I have talked with my licensed medical provider (MD/PA/NP) about taking a medicine called Spravato for depression and/or suicidal ideation. I understand that this consent form and patient agreement is important and shows that I am making an informed decision to use Spravato.

_____ I understand that I must follow my providers treatment regimen and guidelines or termination of my Spravato treatments may occur.

_____ I understand Spravato is approved by the Food and Drug Administration (FDA) for the treatment of depression and/or suicidal ideation. Spravato works best when used in conjunction with oral antidepressant medication and psychotherapy.

_____ I agree to abstain from drugs and alcohol while utilizing Spravato. I understand I am to withhold benzodiazepines (ie. Xanax, Ativan), stimulants (ie. Adderall, Ritalin), or other sedative medication twelve hours prior to my Spravato treatment, as it may cause excessive sedation.

_____ I understand that Spravato may cause side effects including but not limited to sedation, dissociation, high blood pressure, headache, or suicidal ideation.

_____ I understand I am required to remain at the office for a minimum of two hours following each Spravato administration.

_____ I understand I must have a reliable driver to take me home after each treatment. I have been instructed to rest & relax, and not to drive or operate heavy machinery until the day after Spravato administration.

My signature below acknowledges consent to treatment with Spravato.

Patient/Legal Guardian Signature	Date