Spravato (Esketamine) Treatment Consent & No-Driving Agreement

Patient Name:

DOB:

Date:

Purpose of Treatment:
I am being treated with Spravato (esketamine) as part of my behavioral health treatment plan. Spravato is a nasal spray medication used to help treat depression in certain patients, along with an oral antidepressant.

How the Treatment Works:

- Spravato is given under the supervision o f trained medical staff in t he clinic.
- I acknowledge and agree that I must remain in the clinic for at least 2 hours after each dose for monitoring.
- I acknowledge and understand the medicine can cause temporary side effects such as drowsiness, dizziness, feeling 'disconnected,' or changes in blood pressure.

Benefits (*results may vary*):

- Potential benefits of Spravato (esketamine) include improvement in mood and depression symptoms.
- Spravato (esketamine) may help when other treatments have not worked.

Risks & Possible Side Effects of Spravato (esketamine):

- Drowsiness, dizziness, or feeling faint
- Nausea or vomiting
- Feeling disconnected from surroundings or thoughts
- Headache, anxiety, or mood changes
- Increased blood pressure (temporary)
- Impairment in driving or operating machinery for the rest of the day
- I acknowledge and understand that based on animal data, Spravato (esketamine) may cause fetal harm. Women of childbearing age should consider pregnancy planning and prevention while receiving Spravato (esketamine). If I am a woman of childbearing age, I consent to a urine point of care pregnancy test at the time of treatment. ·
- If I experience a serious reaction or medical emergency, I understand that I should call 911 or go to the nearest emergency department. For non-emergencies, I will contact Sage Elevate at 813-683-5963.

No-Driving Safety Agreement:
I will not drive, operate machinery, or perform hazardous activities until the at least 24 hours after administration or until after I have had a full night's sleep. I will arrange for safe transportation home after each session - family member, friend, or ride share service. My clinic is not responsible for any harm if I do not follow these instructions, including my violation of impaired driving laws.

Acknowledgment & Consent:
I have read and understood this information. My provider has explained the purpose, benefits, risks, and alternatives. I have had the opportunity to ask questions, and they were answered to my satisfaction.
I consent to receive Spravato (esketamine) treatment and agree to follow the no-driving requirements.

Patient Signature: _____ Date: _____

Provider Signature: _____

Witness Signature: _____