SPRAVATO®

Spravato® (Esketamine) Intake

A careful, REMS-compliant evaluation for treatment-resistant depression. Please complete fully.

Patient Information

PATIENT NAME ______ DATE OF BIRTH ______ TODAY'S DATE ______

REFERRING PROVIDER (PSYCHIATRIST / THERAPIST / PCP) ______ PROVIDER PHONE ______ PROVIDER FAX ______

Indication — Why You're Being Evaluated

- ☐ Treatment-Resistant Depression (TRD): MDD that has not responded to at least two antidepressants
- ☐ Major Depressive Disorder with acute suicidal ideation or behavior
- ☐ Both

Current Depression Symptoms

WHEN DID THIS CURRENT DEPRESSIVE EPISODE BEGIN? ______ NUMBER OF PRIOR EPISODES ______ AGE AT FIRST DEPRESSION ______

DESCRIBE HOW DEPRESSION IS AFFECTING YOUR DAILY LIFE RIGHT NOW ______

Antidepressants Tried (Required for TRD Documentation)

Spravato® is indicated when at least two oral antidepressants have failed to provide adequate response at adequate dose and duration.

MEDICATION	MAX DOSE	HOW LONG TAKEN	RESULT	WHY STOPPED

Current Oral Antidepressant (Required during Spravato® Treatment)

Spravato® must be used in combination with an oral antidepressant. Please list your current oral antidepressant.

CURRENT ORAL ANTIDEPRESSANT ______ DOSE ______ HOW LONG ______

Other Treatments You've Tried

- ☐ Therapy / counseling (CBT, DBT, other)
- ☐ Augmentation (lithium, atypical antipsychotic, thyroid)
- ☐ TMS (transcranial magnetic stimulation)
- ☐ ECT (electroconvulsive therapy)
- ☐ Ketamine (IV or other)
- ☐ Inpatient psychiatric care
- ☐ Lifestyle / mindfulness / exercise programs
- ☐ None of the above

PHQ-9

Depression & Safety Screening

Over the last 2 weeks, how often have you been bothered by any of the following problems?

PHQ-9 Depression Scale

#	QUESTION	NOT AT ALL (0)	SEVERAL DAYS (1)	MORE THAN HALF THE DAYS (2)	NEARLY EVERY DAY (3)
1	Little interest or pleasure in doing things	☐	☐	☐	☐
2	Feeling down, depressed, or hopeless	☐	☐	☐	☐
3	Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
4	Feeling tired or having little energy	☐	☐	☐	☐
5	Poor appetite or overeating	☐	☐	☐	☐
6	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
7	Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
8	Moving or speaking so slowly that other people could have noticed; or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐
9	Thoughts that you would be better off dead or of hurting yourself in some way	☐	☐	☐	☐

OFFICE USE — PHQ-9 SCORE

Sum scores (Not at all = 0, Several days = 1, More than half = 2, Nearly every day = 3). **Severity:** 0–4 None · 5–9 Mild · 10–14 Moderate · 15–19 Mod-Severe · 20–27 Severe.

PHQ-9 TOTAL SCORE ____________________

SEVERITY CATEGORY ____________________

REVIEWED BY ____________________

Suicide Safety Screening (C-SSRS Lite)

Over the past month, please answer Yes or No to each:

QUESTION	YES	NO
Have you wished you were dead or wished you could go to sleep and not wake up?	☐	☐
Have you actually had any thoughts of killing yourself?	☐	☐
Have you been thinking about how you might do this?	☐	☐
Have you had these thoughts and had some intention of acting on them?	☐	☐
Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	☐	☐
Lifetime: Have you ever done anything, started to do anything, or prepared to do anything to end your life?	☐	☐
Past 3 months: Have you done anything to harm yourself or attempt suicide?	☐	☐

IF YOU'RE IN CRISIS RIGHT NOW

If you are having thoughts of suicide and feel you may act on them, **call or text 988** (Suicide & Crisis Lifeline), or go to the nearest emergency room. Please also tell our staff before completing this form so we can help you.

Medical Conditions — Critical for Spravato® Eligibility

These conditions affect whether Spravato® is safe for you. Please check anything that applies, even if not currently active.

CARDIOVASCULAR

- ☐ High blood pressure (controlled or uncontrolled)
- ☐ Heart attack history
- ☐ Stroke / TIA history
- ☐ Aneurysm (any location)
- ☐ AV malformation / vascular abnormality
- ☐ Heart valve disease / cardiomyopathy
- ☐ Arrhythmia (atrial fibrillation, etc.)
- ☐ None of the above

OTHER MEDICAL

- ☐ Pregnancy or breastfeeding
- ☐ Currently planning pregnancy
- ☐ Liver disease
- ☐ Kidney disease
- ☐ Severe sleep apnea (untreated)
- ☐ Glaucoma / increased intraocular pressure
- ☐ Hyperthyroidism (uncontrolled)
- ☐ None of the above

SUBSTANCE USE & PSYCHIATRIC

- ☐ Active alcohol use disorder
- ☐ Active substance use disorder (current)
- ☐ Past misuse of ketamine, PCP, or related drugs
- ☐ Psychotic disorder (schizophrenia, schizoaffective)
- ☐ Bipolar disorder (with mania history)
- ☐ Significant dissociative episodes (past)
- ☐ None of the above

Allergies

DRUG / FOOD / ENVIRONMENTAL ALLERGIES (ESPECIALLY TO KETAMINE, ESKETAMINE)

____

NO ALLERGIES

- ☐ None

Treatment Day Logistics — Important

REQUIRED FOR EACH SPRAVATO® VISIT

- You will be monitored in our office for at least 2 hours after each dose.
- **You may not drive on the day of treatment.** Please arrange for a driver before each appointment.
- Do not eat for at least 2 hours and do not drink for at least 30 minutes before treatment.
- Continue your oral antidepressant as prescribed.
- Plan to relax for the rest of the day. No work, no important decisions, no operating machinery.

TRANSPORTATION PLAN

DRIVER NAME & RELATIONSHIP ______________________ DRIVER PHONE ______________________

BACKUP PLAN IF DRIVER IS UNAVAILABLE ______________________

Common Effects During & After Treatment

Most patients experience some of these during the 2-hour observation period. They typically resolve within 90 minutes:

- ☐ Dissociation / feeling detached
- ☐ Dizziness / vertigo
- ☐ Nausea
- ☐ Sedation / drowsiness
- ☐ Increased blood pressure
- ☐ Anxiety
- ☐ Headache
- ☐ Altered taste

Our team monitors your blood pressure and overall response throughout the visit. If you have any concerns during the visit, tell us right away.

What to Expect Going Forward

- **Induction phase:** Two treatments per week for the first 4 weeks
- **Maintenance phase:** Once weekly for weeks 5–8, then every 1–2 weeks based on response
- **Continued oral antidepressant** required throughout treatment
- **PHQ-9 and clinician assessment** at each visit to track response
- Treatment is reassessed at 4 and 8 weeks; continued only if you are responding

Acknowledgment

I have answered the questions on this intake truthfully. I understand that withholding information about my medical history, substance use, or current symptoms may make Spravato® unsafe for me. I understand that I will be monitored after each dose and cannot drive on treatment days. I have arranged transportation for each scheduled treatment.

______________________ ______________________
PATIENT SIGNATURE DATE