



Ketamine Center of Greater Hartford

Intake Form

Name: _____

Address: _____ City: _____ State: ___ Zip: _____

DOB: _____ Phone: _____ Email: _____

Preferred Contact Method: Phone Email

Level of Education: Some HS HS Diploma Assoc. Degree Bach. Degree Masters Doctorate

Occupation: _____

Emergency Contact: _____ Relationship: _____

Contact Phone Number: _____

How did you hear about us? Website Facebook Healthcare Provider Friend/Family
Other: _____

Reason for Visit (brief description):

Current Psychiatrist: _____ Phone: _____ May we contact: Yes No

Current Therapist: _____ Phone: _____ May we contact: Yes No

Primary Care Physician: _____ Phone: _____ May we contact: Yes No

Height: _____ Weight: _____

Suicidal Thoughts: Yes No Suicidal Plans: Yes No Suicide Attempts: Yes No

Medications: Dose/Frequency: Medication: Dose/Frequency

None _____

Allergies/Sensitivities: Reaction: Allergies/Sensitivities: Reaction:

None _____



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Surgeries: (Leave blank for None)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Anesthesia Difficulties: (Leave blank for None)

_____	_____	_____
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Past Medical History:

Cardiac: High Blood Pressure Heart Attack Coronary Artery Disease Congestive Heart Failure
Elevated Cholesterol Pacemaker s/p CABG Arrhythmia _____

Pulmonary: Asthma COPD Pulmonary Embolus Restrictive Lung Disease Smoker _____ pks/day
Obstructive Sleep Apnea/CPAP Bronchitis Pneumonia

GI: GERD Ulcer Disease Crohn's Ulcerative Colitis Diarrhea

Renal: Chronic Renal Failure Dialysis BPH h/o stones

Hepatic: Hepatitis Jaundice Gall Bladder Stones

Neurologic: Stroke TIA Tremor Seizure Disorder

Hematologic: Anemia Easy Bruising Bleeding

Musculoskeletal: Osteoarthritis Rheumatoid Arthritis Back Pain Joint Pain

Endocrine: Diabetes Type 1 Diabetes Type 2 Thyroid Disease

Family Medical History:

List Medical Concern:

Cardiac:	Father	Mother	Sibling	_____
Pulmonary:	Father	Mother	Sibling	_____
GI:	Father	Mother	Sibling	_____
Renal:	Father	Mother	Sibling	_____
Hepatic:	Father	Mother	Sibling	_____
Neurologic:	Father	Mother	Sibling	_____
Psychiatric:	Father	Mother	Sibling	_____
Hematologic:	Father	Mother	Sibling	_____
Endocrine:	Father	Mother	Sibling	_____
Musculoskeletal:	Father	Mother	Sibling	_____