

# TORONTO KETAMINE CLINIC

123 Edward Street / Toronto, Ontario / M5G0A8

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## **Inclusion and Exclusion Criteria** **(please read before completing referral form)**

### **Inclusion Criteria for IV Ketamine**

- Adult patients 18 years of age and older.
- Patients with documented **\*Treatment Resistant Depression** as defined below, who have **current** moderate to severe depressive symptoms will be considered for ketamine.
- The **current primary** diagnosis, as defined by the DSM-5, is Major Depressive Episode (MDD), or Bipolar 2 Disorder, depressive phase. The patient may have another DSM-5 diagnosis, but this diagnosis **cannot** be the primary condition or focus of treatment.
- Individuals who have suicidal ideation during the current episode of MDE and meet the above criteria.
- Individuals who have had previous ECT or rTMS and meet the above requirements are eligible.
- All patients must complete a medical form and be cleared for intravenous ketamine by the TKC anesthesiologist. The anesthesiologist will review the completed medical form prior to the first infusion and any identified medical concerns will be addressed. The patient may be declined from receiving ketamine treatment based on their medical history.
- All patients must have capacity to sign a written informed consent for treatment.

### **\*Treatment Resistant Depression (TRD)**

An inadequate response, or failed response, to **2 or more antidepressants**, from the same or different classes, during the **same** depressive episode, and having at least a minimum antidepressant effective dose, **for a period of 6-8 weeks after the target dose** has been reached, and there is medication compliance. (Pharmacotherapeutic treatment guidelines are found in the CANMAT MDD Guidelines 2016.)

## **Exclusion Criteria for IV Ketamine**

- Patients with a primary diagnosis **other than** MDD or Bipolar 2 Disorder (depressive phase).
- Patients who are diagnosed with **psychosis** , even if it is a symptom of an MDE.
- Patients with **neurocognitive disorders** , including dementias.
- Patients who have **traumatic brain injury** that is symptomatic.
- Patients who, within the previous three months, meet the DSM-5 criteria for **Alcohol Use Disorder** , or other Substance Use Disorder.
- Patients who do not meet the DSM-5 criteria for Substance Use Disorder, but who use illicit substances, **must stop all illicit substances** for a minimum period of 1 month prior to the first infusion at TKC and remain free from substance use during the treatment time.
- Patients who are unable to provide a written informed consent for ketamine treatment.
- Patients who are not able to abide by the pre-treatment and post-treatment clinic protocol such as: food intake, abstaining from certain medications, unable to remain in the clinic post-treatment for a minimum of 20 minutes or longer for observation, those who insist on driving immediately post-treatment, and cannot provide TKC with the name and phone number of the party who will pick them up post-treatment.
- Patients with: uncontrolled hypertension, epilepsy, allergies to ketamine, a previous reaction to ketamine, Body Mass Index greater than 35, are pregnant or planning to become pregnant within 12 weeks of treatment completion, hepatic impairment, history of recent heart attack, vascular disease, or any other medical conditions that may be deemed by the anesthetist as a contraindication to receiving ketamine.
- Individuals who are symptomatic for infection, or who have had contact with someone with an acute contagious illness.
- Individuals who are not Canadian residents or do not have a most responsible physician (MRP) in Canada.
- Individuals who demonstrate verbal, physical or emotional aggression toward TKC staff or other patients.

**Patients who need to miss an appointment, and do not notify the clinic at least 48 hours before, will be charged a \$200 cancellation fee.**

**Inclusion and Exclusion Criteria Agreement**  
**(the following must be checked off by the MRP)**

**\*Place cursor in highlighted areas to either check boxes or enter text\***

	<b>I confirm</b> that the patient meets all of the above inclusion and exclusion criteria.
	<b>I confirm</b> that I am the patient's ongoing MRP. I will continue to be involved in the patient's care and provide ongoing psychiatric/mental health care before, during and after receiving treatment at TKC.
	<b>I will review</b> all notes and recommendations sent by theTKC for this patient.
	<b>I understand</b> that TKC is not able to provide ongoing psychiatric care .
	<b>I will notify</b> TKC if the patient develops new medical conditions, or undergoes new treatments, including medications, during the time the patient is receiving treatment at TKC.
	<b>MRP</b> will be responsible for abnormal lab results

# Referral Request

## Referring Physician Contact Information

Name:	
Clinic:	
Phone #:	
Fax #:	
Email Address:	
CPSO #:	
Billing #:	

## Patient Information

Name of Patient:	
Patient Date of Birth:	
Patient OHIP #:	
Patient Email:	
Patient Phone #:	

**What is your patient's Primary diagnosis (please choose one of the following):**

- Major Depressive Disorder
- Bipolar 2 Disorder, DEPRESSIVE phase

**What is your patient's Secondary diagnosis (please select all that apply)**

- Cognitive impairments
- Dissociative Identity Disorder
- Personality Disorders
- Schizophrenia or other Psychotic Disorders
- Bipolar I Disorder
- Alcohol Use Disorder or other Substance Use Disorder
- Anxiety Disorders
- Attention Deficit Hyperactivity Disorder
- No Secondary diagnosis

Please describe the patient's **Current Psychiatric** symptoms?

**Current Medical History (please select all that apply)**

- Cardiac/Cardiovascular disease
- Unstable or poorly controlled hypertension
- Uncontrolled brady or tachyarrhythmias
- Vertigo
- Respiratory
- Hepatic
- Pancreatic
- Genitourinary
- Renal
- Gastrointestinal
- Drug or alcohol dependence
- Allergies (environmental/medications)
- Ventricular shunts
- Uncontrolled hyperthyroidism
- None
- Other:

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**Past Medical History** (please select all that apply)

- Cardiac/Cardiovascular disease
- Unstable or poorly controlled hypertension
- Uncontrolled brady or tachyarrhythmias
- Vertigo
- Respiratory
- Hepatic
- Pancreatic
- Genitourinary
- Renal
- Gastrointestinal
- Drug or alcohol dependence
- Allergies (environmental/medications)
- Ventricular shunts
- Uncontrolled hyperthyroidism
- None
- Other:

**Medications and Treatments**

(details **MUST** be provided or referral will be considered incomplete)

	YES	NO
Has the patient had <b>2 trials of antidepressant medications</b> during the <b>CURRENT</b> episode of depression as defined by <b>Treatment Resistant Depression</b> ?		
Has the patient had ECT (Electroconvulsive Therapy) ?		
Has the patient had TMS ( Transcranial magnetic stimulation) ?		







## List Current Physical Medications

Name	Dose

**Please do not include additional patient information that has not been requested.**

Physician Name: \_\_\_\_\_

Date: \_\_\_\_\_

*We are located at: 123 Edward Street | Suite #1401 | Toronto, Ontario | M5G 0A8  
Contact: 416-546-0675 | [info@torontoketamineclinic.com](mailto:info@torontoketamineclinic.com)*

### What is ketamine therapy and why is it exciting?

Ketamine therapy is a new form of therapy that has been used to treat patients with treatment-resistant depression and bipolar depression when patients have not responded to an adequate trial of at least two different antidepressants. Traditional antidepressants may take between 4-6 weeks to work while ketamine therapy has been shown in some cases to work within a matter of hours . While it is thought that 30-40% <sup>1</sup> of patients do not respond or partially respond to traditional antidepressants, 70% of this treatment resistant population responds to ketamine therapy.

### How does ketamine/esketamine (Spravato) work?

The novel aspect of ketamine treatment is that it targets a different neurotransmitter system than traditional antidepressants. Ketamine, or the mirror-image molecule esketamine (Spravato), target the glutamatergic system. Research is ongoing to identify exactly how it works but one likely function of ketamine/esketamine is to bind with NMDA receptors, which appears to help increase the amount of glutamate in the synapses. This is thought to increase the action of glutamate on AMPA receptors, which results in synaptic changes. The antidepressant effect may be from the synaptogenesis and neuroplasticity brought on by ketamine/esketamine. <sup>2</sup>

References:

[Synthesizing the Evidence for Ketamine and Esketamine in Treatment-Resistant Depression: An International Expert Opinion on the Available Evidence and Implementation](#)

[New study shows ketamine provides lasting relief of severe depression](#)

[Ketamine for major depression: New tool, new questions](#)

<sup>1</sup> [New study shows ketamine provides lasting relief of severe depression](#)

<sup>2</sup> [Ketamine for major depression: New tool, new questions](#)