

# ***TEMENOS Center for Integrative Psychotherapy***

## **Ketamine-Assisted Psychotherapy Client Information Form**

Please complete this questionnaire as thoroughly as possible.  
We will review this material during your in-person intake session as well.  
**This is a confidential record.**

First & Last Name	
Date of Birth	
Preferred Pronouns (she/her, he/his, they/their)	
Address (street, city, state, zip)	
Cell Phone Number	
May we leave confidential messages at this #?	
May we text scheduling only information to your cell phone?	
Email Address	
Emergency Contact #1 Name, Relationship & Phone Number	
Emergency Contact #2 Name, Relationship & Phone Number	
Primary Care Physician Name & Phone Number	
Psychotherapist and/or Psychiatrist Name & Phone Number(s)	
Occupation	
Have you ever or do you now serve in the military? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Current Living Situation Relationship Status	
Children (# and ages)	
How were you referred to us?	

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Client Signature

Today's Date