



Spravato Consent form

Date: _____

Client Name: _____ Case Number: _____

By signing this form, I acknowledge that the following has been explained to me and I understand and agree to the following:

- No food 4 hours prior to treatment with Spravato as it may cause nausea and vomiting
- I understand that Spravato may cause sedation and/or dissociation
- I understand that I am not to drive after receiving Spravato treatment until the following day
- I further understand that I need to arrange for transportation to and from Spravato treatment, and failure to do so may result in being discharged from Recovery Technology's Spravato program
- I understand that consent may be withdrawn, and participation discontinued at any time without penalty. Questions about this medication (including its purpose, risks, benefits, or consequences to be reasonably expected, any appropriate alternatives) have been explained to my satisfaction
- I will Inform my Recovery Technology Physician/Nurse Practitioner of all medications I am taking, if I am allergic to any medication, if I am pregnant or planning to become pregnant or am breastfeeding.

Client Signature: _____ Date: _____

Witness: _____ Date: _____

