



Paperflower Psychiatry, LLC.

Consent for Sedation and Observation

Purpose of This Consent

This form confirms my understanding and agreement to the use of conscious sedation and extended observation as part of my treatment at Paperflower Psychiatry, LLC, including during:

- Intramuscular (IM) Ketamine treatment
- Spravato (*intranasal esketamine*) sessions
- Ketamine-Assisted Psychotherapy (KAP)

What Sedation Involves

Ketamine and *Spravato* may cause temporary altered states of consciousness, including:

- Dissociation
- Sedation or drowsiness
- Visual or auditory distortions
- Temporary confusion or emotional release

Safety Measures

I understand that:

- My vital signs will be monitored before, during, and after treatment.
- A trained provider or licensed staff member will remain available throughout.
- Emergency medications and protocols are in place should I experience distress.
- I may not be left alone during my treatment without clearance from the provider.

Activity Restrictions

- I will **not drive or operate machinery** until the day after treatment.
- I will arrange safe transportation and follow the clinic's discharge policies.
- I will not **make legal, financial, or major decisions** immediately after treatment.

Consent Confirmation

By signing below, I:

- Understand that sedation is a planned and expected part of my care
- Accept the temporary mental and physical changes that may occur
- Agree to follow all safety instructions and observation requirements

Printed Patient Name: _____

Patient's Signature: _____

Date: _____