

Dear Doctor,

Numinus Wellness is a company providing mental health services including psychedelic-assisted psychotherapies. At Numinus Wellness, we currently offer ketamine-assisted psychotherapy for treatment-resistant depression using sub-anesthetic, non-parenteral ketamine combined with an evidence-informed psychotherapeutic protocol. Protocols for other mental health conditions will be available soon and we welcome referral for consideration of future treatment.

The ketamine-assisted psychotherapy for depression treatment protocol in our Standard Program consists of screening for medical eligibility, two 60-minute Preparation Sessions, three 2.5-hour Ketamine Sessions, three 90-minute psychotherapeutic Integration Sessions, and one 60-minute Closing Session. Patients are expected to receive the most benefit from the Standard Program.

We also offer an Introductory Program for clients who want to try ketamine-assisted psychotherapy for the first time. This program is distributed over 1-2 weeks and involves a single Ketamine Session with supportive psychotherapy. For those interested in our Introductory Program, eligibility requires access to ongoing supports after the course of ketamine treatment. This could be in the form of ongoing support at Numinus, or existing mental health supports in the community, including counsellors, therapists, physicians, or other care providers who will support the patient after their ketamine journey.

Medical suitability screening assessments at Numinus and follow-up are covered under provincial health care. Ketamine-assisted psychotherapy is currently not a medically insured service; thus, the remainder of the program for those deemed eligible is private pay. Some patients with extended health benefits can have part of their treatment covered, but without coverage the Standard Program cost is \$4,635 and the Introductory Program is \$1,835.

To refer your patient for ketamine-assisted psychotherapy, please complete the attached form and provide the additional medical information requested, including recent (past 6 months) liver enzymes, thyroid, and renal function results, and EKG if available.

Please contact the clinic manager by phone, fax, or email if you wish to inquire further about this program.

With gratitude,

The Numinus Clinical Team

Patient Referral Form

This form is available on our website, numinus.com, for an electronic copy.

Physician Information

Referring Physician: _____

Phone: _____ Fax: _____

MSP Billing #: _____ Address: _____

Family Physician (if different from above): _____

Phone: _____ Fax: _____

Email: _____

Patient Information with preferred contact information

Last Name: _____ First: _____ Middle: _____

Cell Phone (required): _____ Alternate Phone: _____

Email (required): _____

Primary Indication for Referral for Ketamine-Assisted Psychotherapy

Treatment-Resistant Depression (treatments for depression have been unsuccessful)

Other: _____

Does Your Patient Have Any of the Following Contraindications?

Tick all that apply:

- | | | |
|---|--|--|
| History of Dissociative Identity Disorder (DID) | Uncontrolled high blood pressure | Active or chronic severe suicidality and self-injury |
| Substance use disorder | Current primary psychotic disorder | Acute Angle Glaucoma |
| Allergic reaction to ketamine | History of mania / bipolar disorder | Uncontrolled thyroid disorder |
| History of ketamine abuse | History of borderline personality disorder | History of seizure disorders |
| Active liver disease (severe) | History of violent or aggressive behaviour | Sleep Apnea |
| History of heart disease | | Pregnancy |
| History of stroke or brain aneurysm | | Under the age of 19 |

Unfortunately, we are NOT able to accept a patient who:

- Is not fluent in English
- Have an active Work Safe BC Claim unless authorized or unrelated to the condition being treated
- Non-Canadian Resident

Please Attach (if applicable)

- | | | |
|---|---------------------------------|------------------------------------|
| Relevant past psychiatric evaluations as applicable | No Past Medical History | ECG, TSH, AST/ALT, Creatinine/eGFR |
| Past medical history summary | No Past psychiatric evaluations | (within 6 months) if available |
| Current/active issues list | | |

Please record any other relevant medical or psychiatric information here:

Physician Signature: _____ Date: _____

Physician Checklist

Please Confirm,

Required:

This referral form has been completed and signed
All applicable contraindications are identified
The patient's current and past medical history are included

If available:

Past psychiatric or mental health evaluations are included
Investigations (completed within the past 6 months) are included:
ECG
TSH (Thyroid Function)
AST/ALT (Liver Function)
Creatinine/eGFR (Renal Function)

Please fax the referral form with attached information to:

Numinus Health - The Drive
208-2555 Commercial St,
Vancouver BC, CAN V5N 4C1
Phone: 1 (604) 423-5790
Fax: 1 (604) 423-5791
Email: thedrive@numinus.com

For more information on ketamine-assisted psychotherapy, other services offered at Numinus, FAQs for physicians, please visit our website Numinus.com under "Physician Information."