

NUMINUS

Dear Doctor,

Numinus Wellness is a company providing mental health services including psychedelic-assisted therapies. At Numinus Wellness, we currently offer ketamine-assisted therapy for treatment-resistant depression, anxiety, post-traumatic stress disorder, addictive disorders, and other mental health conditions using sub-anesthetic, non-parenteral ketamine combined with an evidence-informed therapeutic protocol.

The ketamine-assisted therapy treatment protocol in our Standard Program consists of screening for medical eligibility, two Preparation Sessions, three Ketamine Sessions, three therapeutic Integration Sessions, and one Closing Session. Clients 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 therapy for the first time. This program is distributed over 1-2 weeks and involves a single Ketamine Session with supportive therapy. 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 client after their ketamine journey.

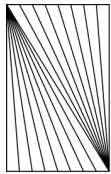
Medical suitability screening assessments at Numinus and follow-up are covered under provincial health care. Ketamine-assisted therapy is currently not a medically insured service; thus, the remainder of the program for those deemed eligible is private pay. Some clients with extended health benefits can have part of their treatment covered (e.g., therapy). The Introductory and Standard Program cost approximately \$2,000 and \$5,000 respectively without coverage.

To refer your client for ketamine-assisted therapy, 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,

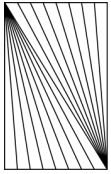
The Numinus Clinical Team



Client Referral Form

An electronic version is available at numinus.com

PHYSICIAN INFORMATION		
Referring Physician	Phone	Fax
Provider Billing #	Address	
Family Physician (if different from above)	Phone	Fax
CLIENT INFORMATION WITH PREFERRED CONTACT INFORMATION		
Last Name	First Name	Middle Name
Cell Phone	Alternate Phone	Email
PRIMARY INDICATION FOR REFERRAL FOR KETAMINE-ASSISTED THERAPY		
<input type="checkbox"/> Treatment-resistant depression (treatments for depression have been unsuccessful) <input type="checkbox"/> Anxiety <input checked="" type="checkbox"/> Post-traumatic stress disorder <input type="checkbox"/> Addictive Disorder _____ <input type="checkbox"/> Other _____		
DOES YOUR CLIENT HAVE ANY OF THE FOLLOWING CONTRAINDICATIONS? TICK ALL THAT APPLY		
<input type="checkbox"/> History of dissociative identity disorder (DID) <input type="checkbox"/> Active or unstable substance use disorder that is not the indication for treatment <input type="checkbox"/> Allergic reaction to ketamine <input type="checkbox"/> History of ketamine abuse	<input type="checkbox"/> Uncontrolled high blood pressure <input type="checkbox"/> Current primary psychotic disorder <input type="checkbox"/> History of mania / bipolar disorder <input type="checkbox"/> History of borderline personality disorder <input type="checkbox"/> History of violent or aggressive behaviour	<input type="checkbox"/> Active or chronic severe suicidality and self-injury <input type="checkbox"/> Acute angle glaucoma <input type="checkbox"/> Uncontrolled thyroid disorder <input type="checkbox"/> History of seizure disorders <input type="checkbox"/> Sleep apnea <input type="checkbox"/> Pregnancy <input type="checkbox"/> Under the age of 19



	<input type="checkbox"/> Active liver disease (severe) <input type="checkbox"/> History of heart disease <input type="checkbox"/> History of stroke or brain aneurysm
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Unfortunately, we are NOT able to accept a client who:

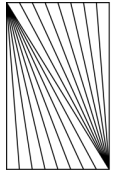
- Is not fluent in the treating language of the therapist
- Has an active employment-related health claim unless authorized or unrelated to the condition being treated
- Is a non-Canadian resident

PLEASE ATTACH (IF APPLICABLE AND AVAILABLE)

<input type="checkbox"/> Relevant past psychiatric evaluations as applicable	<input type="checkbox"/> Past medical history summary <input type="checkbox"/> Current/active issues list	<input type="checkbox"/> ECG, TSH, AST/ALT, Creatinine/eGFR (within 6 months) if available
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PLEASE RECORD ANY OTHER RELEVANT MEDICAL OR PSYCHIATRIC INFORMATION HERE

Physician Signature _____ Date_____



NUMINUS

Physician Checklist

Please confirm,

Required:

- The referral form has been completed and signed
- All applicable contraindications are identified
- The client's current and past relevant 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

MINDSPACE BY NUMINUS

393 Laurier West
Montréal, QC, H2V 2K3
Phone: 1 (514) 481-0317
Fax: 1 (438) 858-4145
Email: info@mindspacewellbeing.com

NUMINUS HEALTH - NEUROLOGY CENTRE OF TORONTO

491 Eglinton ave West, Unit 100
Toronto ON, CAN M5N 1A8
Phone: 1 (416) 860-7554
Email: admin@neurologycentretoronto.com

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