

Dear Doctor,

Numinus Wellness is a company providing mental health services, including, where regulations allow, certain psychedelic-assisted psychotherapies. At Numinus Wellness' MindSpace clinic we currently offer ketamine-assisted psychotherapy for treatment-resistant depression using sub-anesthetic, non-parenteral ketamine combined with an evidence-informed psychotherapeutic protocol. 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. We also offer an Introductory Program for clients who want to try ketamine-assisted psychotherapy for the first time, which is generally distributed over 1-2 weeks; though this program may be beneficial to some, research shows greater results from a treatment plan more in line with our Standard Program. The therapeutic protocol is expected to include two 60-minute introductory psychotherapy sessions, one ketamine session of 2.5 hours in duration, one 90-minute psychotherapeutic integration session, and one closing 60-minute session. With both of these programs, there is also some flexibility, with the option to include more sessions (such as preparation, ketamine, or integration sessions) as agreed upon by your patient and their Numinus therapist. We also offer individual psychotherapy for a range of mental health conditions under private pay or 3rd party insurance. Group programming is planned to be launched in 2022.

Your patient is interested in being seen by one of our physicians for a screening assessment to determine if ketamine-assisted psychotherapy may be an appropriate treatment for their depression. Ketamine-assisted psychotherapy is currently an uninsured (private pay) service. Initial medical suitability assessment is covered under the Régie de l'assurance maladie du Québec (RAMQ).

While both medical and psychological conditions are considered at screening, we focus primarily on your patient's mental health concerns. Please ensure that all other medical conditions remain under your care (or other relevant specialists) and are optimally treated.

To refer your patient for ketamine-assisted psychotherapy for depression suitability assessment, 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.

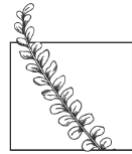
Feel free to contact the clinic manager by phone, fax, or email if you wish to inquire further about this program.

Sincerely,

from your MindSpace Clinical Team

mindspacewellbeing.com





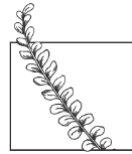
Patient Referral Form

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

| | | | |
|------------------------------|------------------|-------------------|--------------|
| Physician Information | | | |
| Referring Physician: | | Phone: | Fax: |
| RAMQ Billing #: | Address: | | |
| Family Physician: | | Phone: | Fax: |
| Patient Information | | | |
| Last Name: | First: | Middle: | |
| DOB: | PHN: | | |
| Sex Assigned at Birth: | | Gender: | |
| Address: | City: | Province: | Postal Code: |
| Cell Phone: (required) | Alternate Phone: | Email (required): | |

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| Primary Indication for Referral for Ketamine-Assisted Psychotherapy |
| <input type="checkbox"/> Treatment-Resistant Depression: first-line treatments for depression have been unsuccessful for this patient <input type="checkbox"/> Other: _____ |

| | | |
|--|--|---|
| Does Your Patient Have Any of the Following Contraindications? | | |
| Indicate all that apply | | |
| <input type="checkbox"/> History of Dissociative Identity Disorder (DID) <input type="checkbox"/> Substance use disorder <input type="checkbox"/> Allergic reaction to ketamine <input type="checkbox"/> History of ketamine abuse <input type="checkbox"/> Active liver disease (severe) <input type="checkbox"/> History of heart disease <input type="checkbox"/> History of stroke or brain aneurysm | <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"/> Actively breastfeeding** <input type="checkbox"/> No contraindications |
| <p>*Individuals of childbearing age who can become pregnant must use contraception if sexually active (i.e., condom+spermicide, oral contraceptive, or intrauterine device)</p> | | |



**Breastfeeding individuals may participate if they refrain from breastfeeding for 24 hours following ketamine administration

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

- Under the age of 18 years or older than 65 years
- Are not fluent in English or French
- Have an active CNESST claim unless authorized or unrelated to the condition being treated
- Non-Canadian Resident

Otherwise, please confirm:

I have reviewed this list with my patient, and they have no medical contraindications.

COST: Ketamine-Assisted Psychotherapy for Depression

- Medical suitability screening assessments 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

Total cost of Standard Program: \$4,635

Total cost of Introductory Program: \$1,835

Please Attach (if applicable)

Relevant past psychiatric evaluations as applicable

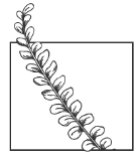
- Past medical history summary
- Current/active issues list
- Medication list

ECG, TSH, AST/ALT, Creatinine/eGFR (within 6 months) if available

I Confirm

I have explained to the patient that they need to continue seeking medical care with their family physician or local walk-in clinic for all other medical conditions.

Physician Signature: _____ CMQ #: _____ Date: _____



Physician Checklist

Please confirm,

Required:

- This referral form has been completed and signed
- All applicable contraindications are indicated
- The patient's current and past medical history are included
- Accurate current medications are listed
- Relevant allergies or adverse reactions are indicated

If available:

- Past psychiatric or mental health evaluations are included
- Lab Reports (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:

MindSpace
393 Laurier O.
Montreal, QC, CAN H2V 2K3
Phone: 1 (514) 481-0317
Fax: 1 (438) 858-4145

For more information on ketamine-assisted psychotherapy, other services offered at MindSpace, FAQs for physicians, please visit our website mindspacewellbeing.com under "[Physician Information](#)."