

## Permission to Contact

**Patient has provided (select one):**

Verbal consent

• Confirmed by:

\_\_\_\_\_  
Name Signature Date

Written consent

• I consent to receive a phone call from research staff to learn more about the ketamine in comparison to ECT study.

\_\_\_\_\_  
Name Signature Date

• Confirmed by:

\_\_\_\_\_  
Name Signature Date

**Patient Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Health Card #: \_\_\_\_\_

**Past & Current Medications (doses and corresponding treatment dates):**