

St. Clair County Community Mental Health
Spravato Screening Questions

Individual _____ Date _____ Case # _____

1. What is patient's current diagnosis? _____

2. Did the patient have a trial of 2 separate antidepressants in adequate doses for at least 6 weeks?
 YES or NO
3. How does the patient rate his depression in the last 2 weeks? (Zero is no depression and 10 is the worst depression a person can have)
0 1 2 3 4 5 6 7 8 9 10
4. Does the patient have any use of alcohol or other substances in the last 3 months? YES or NO
5. Does the patient have any history of blackouts, multiple personalities, fugue states, or dissociative disorders? YES or NO
If yes, explain: _____

6. Does the patient have any history of seizure disorder, diabetes mellitus, COPD, bladder disease such as interstitial cystitis, hypertension, or other cardiovascular disease? YES or NO
If yes, explain: _____

7. Is this patient under the care of a primary care provider? YES or NO
8. Did the patient have a physical exam in the last 6 months? YES or NO DATE: _____
9. Can the patient arrange for support person to come with him/her to each and every treatment and stay with him/her for a few hours and take him back home? YES or NO
WHO: _____
10. Is the patient properly informed about the potential effects and side effects of Spravato and willing to consent for it? YES or NO

After careful screening, patient will proceed with the intake process, nursing assessment as well as a psychiatric evaluation to determine the suitability of Spravato treatment for this individual.