

Informed Consent Agreement

TRANSFORMATIONAL MEDICINE, INC.
8022 Mays Avenue
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INFORMED CONSENT FOR GUIDED KETAMINE TREATMENT / RELEASE OF LIABILITY

This consent form (referred herein as the "Informed Consent Agreement") contains information about the use of subanesthetic (low dose) ketamine for diagnoses such as PTSD, depression and chronic pain.

Ketamine has been approved by the FDA for use as an anesthetic agent for decades. It is considered safe and effective enough to be used as a battlefield anesthetic because it does not affect breathing or other automatic functions. It works differently than other anesthetics, in that, rather than inducing an unconscious state, ketamine is a "dissociative" agent. That is, it separates the conscious awareness from the sensory input of the body. In anesthetic doses it also produces amnesia for the event.

However, with the use of subanesthetic doses it becomes a means of raising consciousness, unblocking defenses, and building new neural connections to allow better psychological functioning going forward. Utilizing ketamine in subanesthetic doses is considered an off-label use of ketamine.

By signing the Informed Consent Agreement, you acknowledge that you understand all the information contained within it and affirm that you give your consent to the administration of the medicine in the context of a guided treatment. Please read this entire consent form carefully. You may ask questions to any of our qualified providers anytime before by contacting them via email at info@grokingwholeness.com or by calling at 941-404- 8030. Your query will be forwarded to one of our qualified licensed professionals who will be in contact with you to answer your questions and concerns before signing this agreement. You will also have an opportunities to ask questions on the day of the treatment anytime during your private session or during your attendance at the weekend workshop.

Eagle's Eye is a registered as a DBA (Doing Business As) of Transformational Medicine, Inc., and a sister organization to Groking Wholeness. All seminars, workshops and individual sessions are lead, administrated and managed strictly by Transformational Medicine, Inc. its licensed professionals, agents and designees.

ELIGIBILITY FOR KETAMINE TREATMENT

The licensed professional, (the "Provider") will perform an evaluation of you and if appropriate, administer the medicine. The Provider will be either a medical doctor, doctor of osteopathic medicine, or certified registered nurse anesthetists, which are permitted to administer this medicine in the state of Florida. The process will involve you filling out your history in advance on the "The Eagle's Eye Workshop Reservation, Registration and Survey Form" (the "Registration"), which will become part of your electronic medical record. In addition to the Registration and the Informed Consent Agreement documents, you may also be asked to fill out additional questionnaires and surveys, before and after, your experience. These are for research purposes and, unless you expressly request that this information be shared, it falls under professional confidentiality and will not be shared with anyone.

An evaluation, usually 20-30 minutes long, will happen with the Provider either before the day, or on the day of the private treatment or workshop, to answer questions and to allow you to become acquainted with the Provider.

Please note that it is strongly advised that anyone with a hyperthyroid (overactive) condition should not take ketamine as it may worsen the condition.

THE FORMAT OF THE TREATMENT

A second guide (from our trained staff) may also be present, especially for at-home treatments or for a group treatment session or weekend workshop.

Your vital signs will be taken and recorded, before and after the treatment. That includes heart rate, blood pressure and respiratory rate.

Following the treatment, for another 30-45 minutes, guides will remain with the participant(s). This will allow for sharing, if desired, and to be sure the medicine has worn off to allow you to leave safely.

DO NOT EXPECT TO DRIVE HOME afterward your treatment. It is strongly recommended that you not drive for 24 hours. Please arrange for a ride, or we can call an Uber or arrange other transportation for you.

During the ketamine session, in order to ensure your safety and wellbeing, you are requested to 1) comply with direct instructions from the Provider and guides until it is agreed that the session is over, and 2) you will remain at the location of the session until the guides agree that you are ready to leave.

The actual session will last approximately 60-90 minutes.

THE EXPERIENCE ITSELF

If you qualify for the off-label use of ketamine, you will be administered an oral form, or an intermuscular injection of ketamine, which will be determined by your preferences depending on your weight and other factors. Remember, an excessive dosage will induce amnesia so you will be unable to remember much from the treatment. The medicine takes 15-20 minutes for the effects to be felt, with either form of administration.

Eyes open, eyes closed, will give different experiences and you are encouraged to try both to see what you prefer. Music may be a part of the experience, and can be chosen in advance, by you or recommended by your guide.

Many people describe the experience to be very much like the dream state that we are so familiar with. In fact, the pineal gland in the brain makes the chemical DMT, one of the most powerful psychedelic molecules we know!

The difference in the ketamine session, is that you are consciously aware and can "navigate" through the "dream" like state.

Even during this dream state, you will be able to communicate. For example, if you need to use the bathroom, you can call out or raise your hand. Please do not try to do anything by yourself, as your balance and coordination may be temporarily affected.

To minimize the chance of nausea **you should not eat solid food for six hours before the session**. Clear liquids in moderation (water, tea, broth) are acceptable to drink.

Adverse events that may occur, include rapid heart rate (tachycardia), double vision, rapid eye movements, elevation of intraocular pressure, nausea, and loss of appetite. These usually occur only at higher doses. Your guide will have medication to calm those reactions if needed. Ondansetron (Zofran), CBD, blood pressure or other medications are also available if needed. Your blood pressure and pulse will be taken before and after the session.

AFTER THE SESSION

It is important to remember that you should not drive or engage in any hazardous activity for 24 hours after treatment with ketamine.

It is recommended that as soon as you can, begin to write down what you remember of the experience. Your recollections will be freshest and you will bring back the feelings you have experienced in a powerful way.

If you have a therapist, we encourage you to share your experience with that person. If not, we can recommend some therapists of various types that you can choose from. You are encouraged to work with what you have experienced for at least three months before scheduling another session unless your therapist refers you back sooner.

POTENTIAL FOR KETAMINE ABUSE AND PHYSICAL DEPENDENCE

Ketamine belongs to the same group of chemicals as phencyclidine (AKA "PCP" or "Angel dust"). This group of chemical compounds is called arylcyclohexylamines and is classified as hallucinogens ("psychedelics"). Ketamine is a controlled substance and is subject to Schedule III control under the Controlled Substances Act of 1970. Medical evidence regarding the issue of drug abuse and dependence suggests that ketamine abuse potential is equivalent to that of phencyclidine and other hallucinogenic substances. Occasional use has a very low risk for abuse or dependence.

With regard to the potential for misuse of ketamine, "cravings" have been reported by individuals with a history of heavy use of ketamine and other "psychedelic" drugs. In addition, ketamine can have effects on mood, cognition (thinking) and perception that may make some people want to use it repeatedly. Therefore, ketamine should never be used except under the direct supervision of a licensed practitioner who is qualified under state law.

ALTERNATIVE PROCEDURES

No other known procedure produces the specific effects of ketamine. Major depression is usually treated with medications and psychotherapy. Subanesthetic ketamine therapy is a new option when those treatments are unsuccessful. Electroconvulsive therapy (ECT), transcranial magnetic therapy (TMS) and vagal nerve stimulation have also been used for treatment resistant depression.

A variety of medications, including opiates, anticonvulsant medications and anti-inflammatory medicines have been used for the treatment of chronic pain. A number of alternative techniques are done such as nerve blocks, physical therapy, infusion pumps and surgical treatment for various types of pain that do not respond to medications alone. Ketamine may reduce the tolerance that often develops with opiate medications and is generally used along with other pain-relieving medicines only after other first-line treatments have failed to control pain.

CONFIDENTIALITY

Your privacy and all treatment records will be kept confidential. They will be maintained with the same precautions as ordinary medical records. Only health care providers involved in your care will have access to information contained in your record and only with your written consent. Privacy and confidentiality of the record will be protected to the extent required by law. For more information on privacy and confidentiality please refer to the web page <https://www.grokingwholeness.info/about-us> (bottom of the page sections are labeled "Disclaimer" and "Privacy Statement").

The results of ketamine therapy are subject to research study. Published reports will not include your name or any other identifying information. Your experience may be used anonymously for teaching purposes, but your name or other identifying information will not be shared.

VOLUNTARY NATURE OF PARTICIPATION

You should know that the use of ketamine in this context has not yet been approved by the Food and Drug Administration (FDA). Under the federal Food, Drug and Cosmetic Act ketamine is approved for general use only as an anesthetic agent. This means that the FDA does not endorse the use of ketamine as a psychotherapeutic agent or as a treatment for pain and classifies subanesthetic ketamine therapy as an investigational therapy. This use is considered an off-label use of ketamine.

Ketamine therapy is a new treatment for depression and is not a mainstream treatment, though several research studies have shown effectiveness for this purpose. The beneficial effects may lessen over time, which may require periodic repeat sessions. You may still require other medications and psychotherapy to maintain treatment for depression. Similarly for pain, ongoing treatment by a pain specialist, as well as the use of other medicines, may still be required.

Your decision to undertake ketamine therapy is completely voluntary. Before you make your decision about participating in ketamine therapy, your Provider will give you a chance to ask any questions and any concerns that you may have about the procedure.

Even after agreeing to undertake ketamine, you may change your mind up until moment the medicine has been administered.

INFORMED CONSENT

Please read and initial each of the following statements:

____ I have fully read this informed consent agreement describing subanesthetic ketamine therapy.

____ I understand and acknowledge ketamine is an approved medication by the FDA, but that Transformational Medicine, Inc. is using ketamine off-label.

____ I have had the opportunity to question one of the persons in charge of the ketamine therapy and have received satisfactory answers.

____ I fully understand that ketamine sessions can result in profound changes in mental state and may (temporarily) result in unusual psychological and physiological effects.

___ I understand and acknowledge potential side effects include dizziness, nausea, vomiting, loss of appetite, euphoria, perceptual disturbances, bad dreams, confusion, changes in heartrate, changes in blood pressure, difficulty breathing, anxiety, itching, increased saliva production, musculoskeletal disruptions, rash, double vision, and unusual heart rhythms.

___ I understand and acknowledge possible complications include seizures, low blood pressure, high blood pressure, bleeding, infections, damage to nerves or surrounding tissues, failure to provide benefit, heart attack, stroke, and death.

___ I understand I am to have nothing in my stomach for 6 hours prior to the treatment.

___ I understand that I need to have someone drive me home after the treatment and not engage in any driving or hazardous activity the day of the treatment.

___ I understand and acknowledge I have been informed not to consume any alcohol, make any financial, business, or other decisions requiring my signature, or engage in activities requiring motor skills as ketamine may affect my mentation, memory, and motor skills. By doing any of these activities, I am going against medical advice and will be solely responsible for any accidents or problems that may arise by my actions.

___ I understand and acknowledge that I will call 911 for any life-threatening symptoms I may experience after the treatment, including thoughts of suicide.

___ I understand and acknowledge that ketamine is not guaranteed to provide any health benefit and I may not receive any benefit or may have worse symptoms even after multiple treatments.

___ I understand and acknowledge that ketamine sessions are part of my treatment plan, is not a replacement thereof, and I will be compliant with my doctor's treatment plan. I will also update my other doctors on my treatment results so any adjustments in traditional treatments may be altered or changed per their discretion.

___ I understand the risks and benefits, and I freely give my consent to participate in ketamine therapy as outlined in this form, under the conditions indicated in it.

___ I understand that I may withdraw my consent up until the medicine has been administered.

___ I understand and acknowledge that Transformational Medicine, inc. and its principals and agents for the administration of this treatment have the right to refuse treatment to me at any time without cause.

___ I understand that I can request a copy of this form at any time.

___ I have received the pre-treatment and post-treatment instructions.

____ I understand that Transformational Medicine, Inc., the Provider(s), its agents and guides are not carrying malpractice insurance for this type of therapy.

____ I have had the opportunity to raise questions and have received satisfactory answers.

____ I understand and accept the risks and benefits of ketamine treatments and I freely give my consent to participate in ketamine treatments as outlined in this form and under the conditions indicated in it.

Furthermore, by signing below I also acknowledge that I have carefully read this entire Informed Consent Agreement (version 1c dated 3/26/2026) and fully understand all terms contained within. In consideration of the risk of injury while participating in ketamine therapy, and as consideration for the right to participate in those treatments, I hereby, for myself, my heirs, executors, assigns, or personal representatives, knowingly and voluntarily enter into this agreement and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in ketamine therapy and hereby release and forever discharge Transformational Medicine (the "Company") their subsidiaries, affiliates, managers, members, agents, attorneys, staff, heirs, representatives, predecessors, successors and assigns (including Groking Wholeness) for any physical or psychological injury, including but not limited to illness, hospitalization, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in ketamine therapy, including traveling from the Company. If litigation arises pursuant to any claim made by me or anyone else acting on my behalf, I agree to reimburse the Company. for any costs incurred, including attorney's fees, medical fees, and any related costs.

Furthermore, I shall defend, indemnify, and hold harmless the Company against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including reasonable attorney fees, fees, the costs of enforcing any right to indemnification under this informed consent agreement, and the cost of pursuing any insurance providers, awarded against the Company arising out of or resulting from any claim of a third party related to my participation in the ketamine treatment, including any claims arising out of my own negligence or the ordinary negligence of the Company.

By typing my name below in the box labeled "signature", I electronically sign this Informed Consent Agreement and affirm it has the same effect as my handwritten signature under applicable law.

SIGNATURE: _____ DATE _____

PRINTED NAME: _____

To submit this Informed Consent Agreement electronically, click on the submit button below. If you prefer, you may also mail (via postal mail) this Informed Consent Agreement to the address indicated at the top of this form. **A hardcopy of this agreement may be printed out for your records. In either case you will be asked to manually sign an affirmation on the day(s) of your treatment(s) to verify that you understand all the information and considerations presented in this document.**