



I am a Registered Dietitian in private practice and your patient has expressed interest in following a therapeutic ketogenic diet to see if it might improve their mental health-related symptoms. I encourage patients to first discuss this idea with their doctors to determine if they are willing to oversee their general health during a 3-month trial period, as well as monitor their continuation on prescribed medication(s) under your direction.

A ketogenic diet is not new. It has been safely used for over a hundred years in the management of epilepsy and diabetes prior to the discovery of insulin. This referenced article titled [Standard Treatment for Diabetes Prior to the Discovery of Insulin](#) documents this.

While a 2:1 ketogenic diet is similar in terms of macronutrient intake to the popular “keto diet” followed for weight loss or health improvements, the ratio of protein and fat to carbohydrates is much more tightly controlled in a 2:1 ketogenic diet for therapeutic purposes. Due to these specific requirements, I request that my clients have medical oversight while implementing this diet, particularly if they have insulin-dependent type 2 diabetes or are taking specific medications to lower blood sugar or blood pressure (more in [this article](#)) or if they have been diagnosed with a mental health condition and are taking prescribed medication. You can read about use of a 2:1 ketogenic diet in mental health in this article titled [A Ketogenic Diet for Mental Health](#).

A 3:1 therapeutic ketogenic diet may be used for epilepsy or seizure disorder, as an adjunct to chemo and radiation treatment [in specific types of cancer](#), as well as an adjunct in some treatment-resistant mental health conditions. You can read about use of a 3:1 ketogenic diet in mental health in an article titled [Use of a Therapeutic Ketogenic Diet in Mental Health](#).

If you are willing to oversee your patient during a 3-month trial of a therapeutic ketogenic diet, please complete the attached Medical Supervision of Patient Form and fax it to me at the fax number indicated on the form.

Best regards,

*Joy Y. Kiddie, MSc, RD*



# Medical Supervision of Patient

(to be completed by Physician)

**Patient's Last Name**

**Patient's First Name**

**Patient's Date of Birth (dd/mm/yyyy)**

I, the Physician named below, agrees to oversee the above-named patient over the next three (3) months as they adopt a

2:1 ketogenic diet

3:1 ketogenic diet

This medical oversight includes ensuring continuation on their prescribed medication(s) under my direction and the periodic monitoring of serum electrolytes.

I am aware that this patient will be self-monitoring serum glucose and serum ketone levels and that I may elect to periodically assess these, if I feel this is warranted.

**Physician's Last Name**

**Physician's First Name**

**Date (dd/mm/yyyy)**

**Physician's Signature**

**Physician's Clinical Address**

**Physician's Phone Number**

unit number and street name

**Physician's Fax Number**

city, province, postal code