

## **PLANT MEDICINE RETREAT MEDICAL FORM**

**@ THE MOUNTAIN MEDICINE RETREAT, Zirahuen, Mexico  
By Present Moment**

**Please answer all of the following medical questions to the best of your ability.**

The information you present here is confidential and will not be held up for judgement or shared with anyone outside of our small group of healers. The following information is crucial to obtain in order to offer the highest level of care that we can to all who participate in our sacred retreat. Being transparent on this form is essential to the safety of all who attend. Thank you for your truth and transparency.

### **Participant Information**

Full Name:

Email:

Phone Number:

Date of Birth:

Place of Birth:

Marital Status:

### **Emergency Contact Information**

Emergency Contact Name:

Relationship To You:

Email:

Phone Number:

## Medical History & Sacred Plant Use

*Please note:* The following section asks questions that may be sensitive in nature. Please answer as accurately as possible. This knowledge is important to ensure your safety and the safety of others while on retreat.

Are you currently pregnant? Y/N

Have you ever participated in an Ayahuasca ceremony? Y/N

Wachuma, Cacao, Rapé, Kambo, etc.

If you answered yes, please provide details below of the ceremony(s) including the date(s), location(s) and a summary of your experience(s) of the sacred medicine.

Have you ever undergone a 'Dieta'? Y/N

If you answered yes, please provide details below of the dieta(s) including the date(s), location(s) and a summary of your experience(s).

Please highlight any physical health conditions that you are currently experiencing or have experienced in the past. Please choose all that apply.

Low Blood Pressure: Y/N

High Blood Pressure: Y/N

Heart Surgery: Y/N

Heart Attack: Y/N

Circulator Problems: Y/N

Irregular Heartbeat (dysrhythmia): Y/N

Diabetes: Y/N

Meningitis: Y/N

Migraine: Y/N

Epilepsy: Y/N

Hyperthyroidism: Y/N

Cancer or Tumour: Y/N

HIV/AIDS: Y/N  
Ulcer: Y/N  
Obesity: Y/N  
Physical Disability (please specify): Y/N  
Chest Pain: Y/N  
Asthma: Y/N  
Aneurysm: Y/N  
Chronic Pain: Y/N  
Fibromyalgia: Y/N  
Arthritis: Y/N  
Stroke: Y/N  
Head Injury: Y/N  
Neurological Disease: Y/N  
Infectious Disease: Y/N  
Gynaecological Condition: Y/N  
Autoimmune Disorder: Y/N  
Other (please specify):

How would you describe your current state of health?

Have you ever undergone major surgery (requiring a general anaesthetic)? Y/N  
Please provide details including the ailment, date of operation, and any limitations that you are now bound by.

## Psychological Information

In order to ensure your safety while on retreat it is important that we have full knowledge of any psychological health conditions you are currently experiencing or have experienced in the past. Please be as honest as possible when answering the following questions. You can be assured that your information will remain confidential and is used only to determine whether plant medicines are appropriate for you at this time.

Please highlight any psychological health conditions from the list below that you have either experienced in the past or are currently experiencing. Please choose all that apply.

Depression: Y/N

Schizophrenia: Y/N

Paranoia: Y/N

Panic Attacks: Y/N

Attention Deficit Disorder: Y/N

Attention Deficient Hyperactive Disorder: Y/N

Obsessive Compulsive Disorder: Y/N

Suicidal Ideation (thoughts about suicide or attempts at suicide): Y/N

Post-Traumatic Stress Disorder: Y/N

Psychosis: Y/N

Bipolar Disorder: Y/N

Eating Disorder: Y/N

Chronic Anxiety: Y/N

Autism: Y/N

Asperger's: Y/N

Borderline Personality Disorder: Y/N

Depersonalization Disorder: Y/N

Multiple Personality Disorder: Y/N

Self-Harm (please specify): Y/N

Are you currently taking any medications for any of these condition(s)? If yes, please specify.

Do you have a family history of any of the above psychiatric conditions? Y/N

If so, please specify which family member(s), which condition(s) and the current state of health of those family members.

## **Alcohol, Addiction & Other Drug Use**

Have you ever been diagnosed, treated, or self-identified with alcohol use disorder? Y/N

If so, please provide us with some additional information about your experience including the date(s) or time span of your addiction and whether you have undergone any therapy or rehabilitation to heal.

Have you ever been diagnosed, treated, or self-identified with drug addiction? Y/N

If so, please provide us with some additional information about the types of drugs, date(s), or time span of addiction and your experience of any therapy or rehabilitation you have undergone to heal.

Have you ever experienced addiction to any other substances or activities (eg., work, sex, food, gambling) either in the past or present? Y/N

If so can please tell us more about your experience.

Have you used drugs recreationally in the past, or do you currently use any drugs recreationally?

If so, please elaborate.

## **Medication & Natural Medicine Use**

Are you allergic to any medication? Y/N

If yes, please specify which medication(s):

Are you currently taking or have you recently stopped taking anti-depressant medication? Y/N

If yes, please specify which medication(s):

Are you currently taking or recently stopped taking any other prescription medications? Y/N

If yes, please specify which medication(s):

Are you currently taking or have you recently stopped taking any natural supplements, herbal medicines, or vitamins? Y/N

If yes, please specify which supplement(s):

## **Dietary Requirements & Allergies**

Do you have any allergies to specific foods?: Y/N

If yes, please specify which foods and the reaction that results when you ingest the food.

Do you have any severe or potentially life-threatening allergies that would require the use of an Epi-Pen? Y/N

If yes, please specify.

What is your diet preference? Please circle one of the following:

Omnivore (red meat and fish)

Pescatarian (fish only)

Vegetarian (no meat or fish; will eat eggs, milk and cheese)

Vegan (strictly no animal products)

Other, please specify:

## **Your Intention**

Please share your intention for wanting to participate in our sacred medicine retreat. If you have not done so, please take some time to reflect deeply on this question. It is very important for us (and you) to clarify what you hope to achieve by attending our retreat both for your own healing.

## **Additional Information**

Is there anything concerning your physical and psychological health history that has not been covered by this questionnaire that you would like to share with us?: Y/N

If yes, please provide details below.

Have you experienced what you would regard as a traumatic incident in your past that you would like us to know about? Y/N

If yes, please provide any additional information below that you feel may be helpful for us in supporting you during the retreat.

Please describe your current living and work situation; please note if you are studying or working, your profession and describe the home environment that you will be returning to after your time with us. This information is important so as we can do our best to prepare you for returning to your home life after your sacred medicine journey with us.

## Agreement & Informed Consent

Please circle and initial the following:

I have disclosed all prescribed medications and medical treatments or therapy that I am currently taking or undergoing.

Agree

I will discontinue all use of alcohol, marijuana, recreational, street drugs and non-prescribed pharmaceuticals at least three weeks prior to commencing with the Mountain Medicine Retreat. I understand that many street and recreational drugs are strongly contraindicated with Ayahuasca and can be very dangerous and potentially fatal when combined.

Agree

I have completed this questionnaire myself, have answered truthfully, and understand that withholding or misrepresenting any information could result in serious complications when drinking Ayahuasca.

Agree

**Printed Name:**

**Date:**

**Signature:**