Intakeform for a retreat with plant medicine

Please fill in this form and send it to us.

This intake form is mandatory for participating in the retreat and to guarantee your safety.

For which retreat have you registered?		
Name		
Prename		
Address		
Postal code, City		
Country		
Phone number		
Year of Birth		
E-mail address		
Do you have experience with Plant medicine? If yes which one(s)?:	0	yes no
Do you have therapy/treatment by a psychologist, psychiatric doctor or other doctor now or did you have it in the past? If so, for how long and for what reason?:	00	yes no
Do you have problems with your heart, high blood pressure or any other condition we need to know about to guarantee you safety? If so, please elaborate:	0 0	yes no
Do you use medication now or did you use medication in the past? If so, for how long, what kind of medication and what for?	0	yes no

Full Name	Date	Signature	
I will stop taking any of substances at least 4 w ☐ Yes		east two weeks before and ps	sychedelic
Did you truthfully fille ☐ Yes	ed in this intake form?		
	vid happenings that happ year and during the last y	ened to you between 0-7 year year?	rs, between 7-14
What is your intention	n for this retreat?		
What are your curren	t themes/struggles/topics	you want to deep dive into?	
If so which?			o no
Do you have any alle	rgies regarding food or a	are you on a specific diet?	° yes
		oncerning spirituality, person with meditation, dance, brea	
If so, how frequently	and which drugs?		
	es or occasionally) any k r other drugs or steroids?	and of drugs like XTC, alcoh	ol, ves no