

# “Heal & Transform” Interest Form

To be considered for participation in this transformational weekend, please complete the form below, & email it to: lizashaw@powertothrive.com using the subject line: “Retreat.”



Name: \_\_\_\_\_ Partner's Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

1.) Have you or your partner ever taken Ketamine in any form?  Yes  No  
If yes, please explain: \_\_\_\_\_  
Also, if yes, describe any side effects or negative interactions you've had with Ketamine: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.) Do you have any current or past psychiatric and/or medical conditions? If yes, please describe below and list all medications you take. (Some medical conditions may preclude you from safely receiving Ketamine so be sure you list everything in your medical history.)  
\_\_\_\_\_  
\_\_\_\_\_

3.) Do you currently attend therapy (individual, couples, family or any other form)?  Yes  No  
4.) Are you willing to provide candid feedback to assist organizers in improving this retreat?  Yes  No  
(Surveys will have option of being anonymous)  
5.) Do you have access to high-speed internet and computer/tablet in a private location where you can attend all Zoom Calls?  Yes  No  
6.) What questions, if any, do you have about this weekend retreat?  
\_\_\_\_\_  
\_\_\_\_\_

Please email this form, once completed, to lizashaw@powertothrive.com with subject line: Retreat.  
You will receive a response within 2 days. If, for some reason, you do not receive a response after 2 days,  
please text the following number to follow up:  
828-302-2978. You will receive a response the same day.