

REGISTRATION FORM TRUFFLE CEREMONY



Renée Eva
ODE TO
SIMPLICITY

Title Mr. Mrs. Ms.

First name

Last name

Address

State/Province

Zip Code

Phone

Email

Date of Birth

Are you currently taking medication? If so, which medication and for what?

Are you currently being treated by a doctor? If so, for what?

Are you currently experiencing, or have you experienced high bloodpressure or heartproblems in the past?

Are you currently undergoing any form of therapy? if so, what form? With or without the guidance of a therapist?

Are you allergic to anything?

Are you addicted to anything? (incl. coffee, sugar, nasal spray etc.)

Have you experienced any mental disorders now or in the past?

Are there any other health issues that are important to know?

Do mental illnesses run in your immediate family? If so, with whom and which condition?

Do you have experience with plant medicine? psychedelics and/or entheogens? If so, in what way and how did you experience this? When was the last time?

Have you encountered any challenges integrating previous experiences? Or have you had a specific difficult experience?

What is your motivation for participating in this ceremony?

What is your support system after this ceremony/retreat? Are there family members or friends who are aware of your choice and who support you in this?

How did your interest in this form of self-exploration come about? What do you do for personal development?

If life had a grading system from 1 to 10, what grade would you give your life? And why?

Is there anything else of importance that you'd like to share with me?

Do you have a (daily or regular) spiritual and/or physical practice to restore a feeling of safety and calmness in yourself?

How did you find my offerings?



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SIMPLICITY

I HEREBY DECLARE THAT I HAVE COMPLETED THIS FORM TRUTHFULLY AND THAT I AM IN PERFECT STATE OF HEALTH, MIND AND BODY AT THE TIME OF SIGNING

Name

Date

City

Signature



- By completing and signing this form, I agree to the processing of my personal data
- I have read the attachment: Contraindications

Thank you for completing the intake form. I am looking forward to speaking with you in person!



From reservation to final booking:

Your reservation remains valid for 7 days and will be converted into a definitive booking after payment. Please include your name + invoice number in the payment description.

I would also like to receive your signed intake form as soon as possible so that the pre-screening can take place.

Cancellation policy:

If you need to cancel up to 3 weeks in advance, I can unfortunately no longer give you a refund. If your participation has to be canceled due to contraindications, you will receive the full amount back into your bank account within 7 days. If this event can not take place due to national measures or circumstances, it will be rescheduled to another date.

You will then have the option to leave your registration or receive a full refund.



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Contraindications

The use of psychedelics is not suitable for everyone. There are various contraindications on a physical and mental level. Such as:

- Liver and kidney disorders
- Unstable diabetes mellitus
- Epilepsy and serious neurological disorders
- Cardiovascular diseases
- High blood pressure
- Thyroid problems

- Mental disorders and the use of antidepressants (SSRIs)
- Supplements such as Kanna, St. John's wort and 5HTP
- Anti-anxiety medications
- Medication for high blood pressure
- Antibiotics, allergy medication
- Sleeping aids
- Medication against ADHD, ADD
- Anesthetics
- Synthetic drugs (MDMA, Ecstasy, etc.)

Pregnancy and breastfeeding

It is important to mention this information. It can be dangerous if certain things are left out of the conversation. Therefore, always complete the intake form truthfully, so that we can discuss all options. If any changes occur after completing and returning the intake form, please contact me again.