

Participant Medical Information Form

The ceremony is primarily a spiritual undertaking and although personal growth can occur, the experience should not be seen nor is it designed as a substitute for psychotherapy.

Participation in the ceremony can involve dramatic experiences accompanied by strong emotional and physical release.

This ceremony is not appropriate for persons with certain medical conditions or for persons using certain medications.

If you have any doubt or concerns about whether you should participate, consult with the organizers before attending via email at info@synergyhealing.ca or by phone at 416-580-1805.

Participants must answer the following questions honestly in order for us to evaluate your ability to attend the event. Failure to disclose any medical condition or medication can result in hazardous conditions for the participant and you assume full liability for yourself in this instance.

The organizers accept no liability for any conditions arising from false or incomplete information provided by event applicants.

Name: _____

Age: _____

Phone: _____

E-mail: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

**Please answer the following questions as completely and honestly as possible.
Your responses will remain strictly confidential.**

1. Do you have a past history of, or currently suffer from any of the following:

If yes please elaborate.

- a) Cardiovascular disease, including heart attacks Yes No
- b) High / low Blood Pressure: Yes No
- c) Diagnosed Mental illness : Yes No
- d) Recent surgery: Yes No
- e) Past or recent physical injuries (fractures or dislocations): Yes No
- f) Glaucoma: Yes No
- g) Retinal detachment: Yes No
- h) Infectious or communicable diseases: Yes No
- i) Epilepsy: Yes No
- j) Asthma: Yes No
- k) Diabetes: Yes No
- l) Schizophrenia: Yes No
- m) Bipolar: Yes No
- n) Depression or anxiety: Yes No

o) Recent Surgeries: Yes No

p) Organ donor/recipient: Yes No

Other - Including symptoms which affect:

-Head / neck: Yes No

-Eyes, ears, nose or throat: Yes No

-Lungs: Yes No

-Skin: Yes No

-Intestines /bowels / digestion: Yes No

-Back: Yes No

-Bladder or kidneys: Yes No

-Liver: Yes No

-Chest / heart: Yes No

-Circulation: Yes No

-Ability to sleep: Yes No

-Heart: Yes No

2. Are you pregnant, suspect you are pregnant or are breastfeeding? Yes No

3) Have you ever been hospitalized for medical reasons? Yes No
(If yes please elaborate.)

4) Have you ever been hospitalized for psychiatric reasons? Yes No
(If yes please elaborate.)

5) Are you currently in therapy or involved in any type of support group? Yes No
(If yes please elaborate)

6) Are you **currently** taking any type of medications? Yes No
If yes, please list all medications including dosage and frequency taken. .

****Please note that it is imperative that you provide an accurate and detailed list of medications, as Kambo can dramatically increase the effects of certain medications to the point of becoming dangerous****

7) List any **medications** that you have **taken in the past 12 months**.(Prescribed or over the counter) Please include dosage and frequency taken.****Please note that it is imperative that you provide an accurate and detailed list of medications, as the plant medicine can dramatically increase the effects of certain medications to the point of becoming dangerous.****

8) List any **supplements (herbs or vitamins)** that you have taken regularly in the past 2 months.**Please note that it is imperative that you provide a complete list of any supplements taken regularly, as the plant medicine can dramatically increase the effects of certain supplements to the point of becoming dangerous.**

9) List any **recreational substances** that you have taken over the past 12 months.
(Including alcohol and marijuana) Please include frequency of use. **Please note that it is imperative that you provide an accurate and detailed list of recreational substances

10) Have you ever had any type of seizure? Yes No
If yes please specify _____

11) Are you currently taking any medication for any psychiatric disorder, SSRI medication for depression or other issue? Yes No

Examples: Prozac, Seroxit, Zoloft, Effexor, Paxil, Wellbutrin (bupropion), Zyban ,Pristiq, Cymbalta, Ixel, Effexor, Tramadol, Tramal, Ultram, Sibutramine, Meridia, Reductil, Axiomin, Etonin, Lubazodone, Serzone, Nefadar, Trazodone, Desyrel, Strattera, Edronax, Vivalan, Focalin, Ritalin, Concerta, Adderall, Dexedrine, Desoxyn, Vyvanse, Elavil, Endep, Evadene, Clomipramine, Anafranil, Desipramine (Norpramin, Pertofrane), Amoxapine (Asendin), Maprotiline (Ludiomil), Mianserin (Bolvidon, Norval, Tolvon), Mirtazapine (Remeron), Isocarboxazid (Marplan), Moclobemide, Aurorix, Manerix), Phenelzine (Nardil), Pirlindole (Pirazidol), Selegiline , Eldepryl, Zelapar, Emsam, Tranlycypromine (Parnate), Lithium, or other

If yes- What and when? _____
For how long? _____
What was the dosage? _____
Reason for medication: _____

13) Do you have allergies. Yes No
If yes please specify _____

14). Are you taking medication to quit smoking (Wellbutrin (bupropion), Zyban)? Yes No

15) Are you taking any painkillers? Yes No
If yes please specify _____

16) Is there anything else about your physical or mental health that we should be aware of? Yes No

17) What are your intentions for receiving sacred medicine? What are you hoping to gain or experience by working with these medicines?

18) Have you or anyone in your immediate family that you are currently living with, had a Covid-19 Vaccination?

Yes No

Please be aware that the list of contraindicated substances includes, but is not limited to, SSRIs, Demerol, cold medication, decongestants, sinus medication, nasal sprays, hay fever medications, diet pills, amphetamines, MDMA or ecstasy, cocaine, ketamine, LSD, heroine, and crack. If you have been using any drugs, medical, over the counter, or street, please advise Sarah and/or the organizers of Synergy Healing prior to attending any Kambo Ceremony to discuss this matter further.

Please note that ceremonies should not be seen as, nor are they designed to be, a substitute for psychiatric or medical care.

I hereby confirm that I have read and understood the above information and have answered all the questions completely and honestly and have not withheld any information.

NAME: (please print) _____

SIGNED _____

DATE: _____