

Screening Document for Perspective Participants in Shamanic Work or Retreats

1. Personal Information:

Please provide your full name, contact information, and current occupation.

Name: _____

Address: _____

Phone: _____

Email: _____

Occupation: _____

2. Medical History:

Please provide a comprehensive medical history, including current medications and any history of psychiatric or medical conditions.

3. Substance Use History:

Please provide a detailed history of substance use, including any current or past use of psychedelics.

4. Mental Health History:

Please provide a detailed history of mental health, including any past or current psychiatric treatments, therapy, or hospitalizations.

5. Family History:

Please provide a brief history of any mental health or substance use disorders in your family.

6. Intentions for Therapy:

Please describe why you are seeking psychedelic therapy and what you hope to gain from the experience.

7. Previous Psychedelic Experience:

If applicable, please describe any previous experiences with psychedelics, including the substance used, the dose, and the setting.

8. Safety Concerns:

Please disclose any concerns you may have about the safety of psychedelic therapy.

9. Support System:

Please describe your current support system and any individuals you would like to involve in your therapy process. (Names, relationship to you and their contact details, please indicate one as primary emergency contact for you)

10. Signature:

By signing this document, you confirm that the information provided is accurate and that you understand the risks and benefits associated with psychedelic therapy.

_____ Date _____

Please note that this document is not intended to be a substitute for a thorough medical evaluation and that the information provided will be kept confidential. The details of this document may need to be discussed and shared (anonymously) with a qualified healthcare professional who will speak to your psychedelic facilitator/minister before the healing process, ritual or ceremony begins. To schedule telemedicine with the person reviewing this document, please request this through your Minister and for a nominal cost (\$80), an appointment can be arranged.