

Medical Release Form

First & Last Name:

Email Address:

Country of Residence:

Telephone:

Birthdate:

Which Retreat dates will you be joining us on?

How did you hear about Flower of Life?

Google

Instagram

Facebook

AyaAdvisor

Word of Mouth

Emergency contact info:

Name(s):

Phone:

Relationship:

What would you like to gain from this experience?

Do you have any previous experience with Ayahuasca or other medicine plants?

***This ceremony is not appropriate for people with certain medical conditions or for people using certain medications. Please answer the following questions completely and honestly. Your responses will remain strictly confidential.**

Do you have a history of, or currently suffer from any serious health conditions?

Are you currently pregnant or breastfeeding?

Have you ever been hospitalized for medical reasons?

Have you ever been hospitalized for psychiatric reasons?

Are you currently taking any type of medications? If yes, please list the medications dosage and frequency taken. Please note that it is imperative that you list all medications, as the plant medicine can interact with certain medications in a way that can be dangerous.

Have you ever taken SSRI medication for depression? If so when? For how long?

List any medications that you have taken in the past 6 months. (Prescribed or over the counter) Please include dosage and frequency taken. Note: It is imperative that you discontinue any medications at least 2-4 weeks before attending your retreat. Consult with your doctor before going off any medication suddenly.

List any recreational substances that you have taken over the past 6 months. (Including alcohol and marijuana). Note: Marijuana and alcohol can affect your ability to experience the visionary aspects of Ayahuasca. It is imperative to completely discontinue use at least 2-4 weeks before your retreat.

Do you have any history of depression, anxiety, psychosis, bipolar illness or ADHD? Please note that ceremonies should not be seen nor are they designed as a substitute for psychiatric or other medical care.

Do you have any special dietary needs?

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. My general health, as far as I am aware, is good.

Signature:

I, the undersigned hereby seek to participate in an Ayahuasca medicine ceremony. I agree to complete the Confidential Medical history form provided. I am assured that the information provided will remain strictly confidential and will serve only as a guide in determining the appropriateness of my participation in the ceremony and in meeting my needs before, during and after the ceremony.

Full name:

Today's date:

Electronic Signature: