Name

Address

City

State

Zip / Postal Code

Home Phone

Cell Phone

Email Address

Age

Date of Birth

Place of Birth

What is your current living situation?

What is the highest level of education completed?

Brief work history

Have you been or are you currently in Psychotherapy or Counseling? If so, please explain.

Have you ever been institutionalized?

List any outstanding medical conditions (past to present).

Do you have any dietary needs or restrictions? If so, please explain.

Are you taking any medications (pharmaceutical or natural)? If so, please explain.

What is your religious or spiritual orientation?

Have you ever used psychedelics?

Have you ever used Entheogens / Plant - Spirit Medicines (including cannabis, peyote, mushrooms, ayahuasca)? If so, please explain.

What or who have been your most important teachers? Please explain.

How do you see this program benefiting you?

Contribution Level