

WISTIN ORIGINS

PERSONAL INFORMATION & CONSENT FORM

Certain pharmaceutical drugs and health conditions may react negatively with plant medicine. In addition, during your process, difficult experiences from your past might come up, and as practitioners, we need to be well prepared for them. For this reason, we will ask you about certain factors which can contribute to your psychological wellbeing. It is extremely important for your own health and safety that you share fully and truthfully. Once we have looked through the form, we will advise you if any special steps need to be taken in preparation for the retreat.

ANY INFORMATION YOU DISCLOSE WILL BE TREATED WITH UTMOST CONFIDENTIALITY.

Your Health		
Do you currently suffer from or have a family history of any of these ailments?	YES	NO
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy / Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Autism / Other Neurological Condition	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular Disease (such as high blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Asthma (if yes, make sure you bring your inhaler to the session)	<input type="checkbox"/>	<input type="checkbox"/>
Liver Condition	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Condition	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'yes' to any of the above, state when the diagnosis was made and how you were treated. What is your current state?

Pharmaceuticals / Narcotics / Plant Medicines

Have you ever used or are you currently using any of the following:

YES NO

Sedatives / CNS Depressants / Sleeping Pills		
Anti-Depressants / SSRIs / Serotonin Balancers		
MAO Inhibitors		
Cardiac / Blood Pressure Medications		
Ibuprofen / Aspirin / Codeine / Other Pain Medication		
Hormone / Allergy Medication		
Heroin / Opiates / Morphine / Methadone		
Cocaine / Amphetamines / Methamphetamines (Crystal Meth)		
GHB / Ketamine / Mephedrone		
LSD / Ecstasy / MDMA / DMT		
Cannabis / Mushrooms		
Ayahuasca / Iboga / Bufo / San Pedro / Peyote		
Any Other Pharmaceutical / Narcotic / Plant Medicine		

If you have answered 'yes' to any of the above, please give details on the substance(s) and when you last used them below (even if it was decades ago):

About You

How old are you?

Are you currently in good physical health?

Do you speak and understand English?

List any allergies you have.

Do you have any phobias? If so, tell us more.

Do you have any addictions? If so, what are they?

Have you ever been hospitalised due to a psychological condition? If so, give details.

Is there any history of “psychological illness” in your family? If so, what was the diagnosis?

About You

List any natural remedies and / or supplements you regularly use.

Have you taken any Covid-19 or other vaccines in your adult life? If so, give details.

Have you had any surgeries? If so, give details.

Have you or your partner ever had a miscarriage or abortion?

For women: Are you currently pregnant, or do you think you could be pregnant?*

**Note that you cannot participate while pregnant.*

For women: Do you suspect to be on your period during the retreat?*

**Note that it is preferable to join ceremonies outside your menstruation, as it can interfere with the experience. If your menstruation comes during the retreat, be sure to let the practitioners know so that special arrangements can be made for the ceremonies.*

Our retreats include group ceremonies and daily sharing circles. Are you prepared to witness and express difficult emotions and be vulnerable in front of other people?

About You

Have you ever been involved in or witnessed a traumatic accident / incident? In a few words, share what happened.

List any therapy, treatments or support groups you have participated in / are currently participating in.

Have you ever had paranormal experiences or recurring dreams / nightmares? Describe them in a few words.

Are you or have you been part of a spiritual tradition? Do you follow any spiritual teachers or gurus? Have you had any spiritual or shamanic initiations? Describe them in a few words.

Our retreats are solely for healing and self development. In a few words, what are the main things you would like to heal? What aspects of your character would you like to improve?
We will have an in depth, private talk about your intentions at the start of the retreat.

YOUR CONTACT DETAILS:

PHONE EMAIL

EMERGENCY CONTACT DETAILS (TRUSTED RELATIVE OR FRIEND):

NAME PHONE

PLEASE READ AND SIGN THE FOLLOWING DECLARATION:

I declare that I have read and understood the information in this form. I further declare that I have answered all the above questions fully and honestly and have not withheld any information that I believe could be important.

PRINT NAME DATE

SIGNATURE:

PLEASE READ THE FOLLOWING INFORMED CONSENT CAREFULLY:

The work carried out in the retreat will focus on personal growth, therapeutic self-work and spiritual healing by the participants through the ingestion of the following ancient remedies: *Ayahuasca*, *Tobacco* and *Kambo*.

The effects produced by *Ayahuasca*, *Tobacco* and *Kambo* may include the following:

- Changes in your perception of reality and way of thinking
- Visions (of abstract motifs or clearly identifiable images and scenarios)
- Heightened emotions
- Detailed access to memories which were thought forgotten
- Paranormal phenomena
- The emergence of fears, anger or other difficult emotions (some of which may be associated with blockages in the body and be causing pain and tension)
- Introspection
- Perinatal or transpersonal experiences (in which you may experience your own death and rebirth)

At the physical level, you may experience nausea, vomiting, excess gas, chills, tingling, ringing in the ears, dizziness, diarrhoea, tremors, sweating, ataxia and, in rare cases, fainting.

The person administering the treatment knows the strength of the medicine and will adjust the dose for each participant. The practitioners are committed to protecting your physical and emotional security, integrity and privacy throughout the process, and intend to provide you with the psychological and physical support you need during the preparation phase, the session itself and the period afterwards.

Your participation in the sessions is entirely voluntary and you are free to opt out at any time before the start of a session. However, you must endeavour at all times to follow the instructions of the practitioners so that your safety and the safety of others is not jeopardised.

THIS DOCUMENT CONSTITUTES A LAWFUL AGREEMENT.

I, the undersigned, comprehend and agree with the following declarations which refer to my participation in Ayahuasca, Tobacco and Kambo sessions:

- I declare that I am choosing to participate out of my own free will and have carefully read the informed consent on the previous page.
- I have not been coerced into participating in sessions by the organisers or by any other person; the decision to participate is based on my own personal assessment of the effects, the exclusion criteria, the potential risks and benefits, the focus of the session and the commitment of the people running it.
- I accept full responsibility for any consequences which may arise from participating in sessions.
- I will not lay blame for any consequences which may arise from sessions or treatments on the organisers, practitioners or organisation.
- I agree to provide truthful and relevant information about my medical history, mental and physical health and any other information that may serve to protect my health during this process.
- I acknowledge that the information I provide to the organisers of this retreat is strictly confidential.
- I am aware that I can ask questions about the sessions at any time and can change my mind about attending before the session begins.
- I will not record, photograph or film any part of the retreat without prior consent from the organisers and the participants.
- Once a session has started, I commit to not leaving the space without the consent of the practitioner running the session, and I commit to following the instructions at all times, from the preparatory stage through to integration.
- I understand that leaving a session early and not following the guidance of the practitioners can lead to an interruption of my healing process and cause prolonged states of emotional discomfort and imbalance.
- I understand and agree that I can be excluded from participation in a session at the discretion of the practitioners.

PRINT NAME

DATE

SIGNATURE: