

SCREENING FORM

Participant Intake & Health Screening for Sacred Ceremony

Santos & The Crystal Visions

Please answer every applicable question honestly and completely. Your responses are confidential and exist to protect your safety.

This form is required before participation in any sacred ceremony.

Before You Begin

The following form helps us understand more about you and how we can best ensure that you have a meaningful and safe experience during our sacred healing ceremonies. Please take into consideration that this is a religious ceremony, not a medical or wellness procedure or facility.

You are required to complete this intake form before you will be eligible to participate in any of our sacred ceremonies.

You are not eligible to participate in a sacred healing ceremony if you:

- Are under the age of 21.
- Are in your first trimester of pregnancy.
- Have a history of psychosis and/or schizophrenia.
- Have been diagnosed with a personality disorder.
- Have a current, actively medicated bipolar disorder diagnosis.
- Have a history of seizures or a diagnosis of epilepsy.
- Are currently experiencing anorexia and/or bulimia.
- Have experienced a stroke or embolism.
- Have severe asthma or emphysema.
- Have a known cardiac illness.
- Have uncontrolled high blood pressure.
- Have Crohn's disease, irritable bowel syndrome, ulcerative colitis, or intestinal ulcers.
- Have had surgery within the last three months on any part of your digestive system, or have liver disease.

For health and safety reasons, you cannot attend a sacred healing ceremony if, at the time of the retreat, you are taking SSRIs or recreational drugs, or have taken any medication or supplements within 24 hours prior to the ceremony.

All of your responses are entirely confidential. Please read each question and answer carefully. If you would prefer not to answer a question, please leave it blank.

☐ **I acknowledge the above statement.**

Section 1 — Contact & Background Information

Legal Name (First and Last)

Preferred Name (if different)

Age

What gender do you most identify with? *For the purpose of separating sleeping quarters for men and women.*

Email Address

Phone Number

City and State of Residence *Enter country if outside of the U.S.*

What is your occupation?

How were you referred to Santos & The Crystal Visions? *If referred by someone who has attended, please state their first and last name.*

Have you ever attended an Ayahuasca ceremony before? If so, how many times?

What are your hobbies or interests?

Section 2 — Preparation & Personal Reflection

Are you able to stop all medication and supplements prior to the retreat?

Please consult your treating physician before stopping any medication or treatment plan.

☐ True ☐ False

Comments:

Please briefly state your reasons for seeking to attend a sacred healing retreat with Santos & The Crystal Visions.

What are your current life challenges?

Are there any trauma triggers you would like us to be aware of? *Such as touching, loud noises, tight spaces, shouting, drumming, high-pitched noises, male or female authority, or others.*

What would you like to gain from this experience?

Who are the most important people in your support network? *Friends, family, spiritual leaders or community, therapists, etc.*

Do you believe in God or a higher power? *There is no right or wrong answer here.*

Do you have experience with meditation, consciousness-altering states, or shamanic retreats?

Trauma in childhood? *Only answer if you feel called to share.*

Trauma as an adult? *Only answer if you feel called to share.*

Significant losses or grief? *Only answer if you feel called to share.*

Does your immediate family support your having this experience?

☐ True ☐ False

Comments:

Do you have any questions or concerns?

Section 3 — Medical & Psychiatric Screening

Please answer True or False to each question below and add any relevant comments. When in doubt, disclose — this information exists only to keep you and your fellow participants safe.

1. Are you currently pregnant?

☐ True ☐ False

Comments:

2. Do you currently have a diagnosis of a terminal medical condition?

☐ True ☐ False

Comments:

3. Have you ever been hospitalized for any psychiatric or emotional issue?

☐ True ☐ False

Comments:

4. Have you ever had a substance abuse issue?

☐ True ☐ False

Comments:

5. Do you take any MAO inhibitors?

Examples: Marplan, Nardil, Niamid, Parnate, Jatrosom, Emsam.

☐ True ☐ False

Comments:

6. Do you use any SSRIs (selective serotonin reuptake inhibitors)?

Examples: Prozac, Zoloft, Lexapro, Celexa, Paxil.

☐ True ☐ False

Comments:

7. Do you use any NDRI (norepinephrine-dopamine reuptake inhibitors)?

Examples: Wellbutrin/Bupropion, Cleofil, Amineptine, Focalin, Ethylphenidate.

☐ True ☐ False

Comments:

8. Do you take any tricyclic antidepressants?

Examples: Anafranil, Tofranil, Vivactil, Nortriptyline, Amitriptyline, Imiprex, Amoxapine.

☐ True ☐ False

Comments:

9. Do you use any amphetamines or “amphetamine-like” medications?

Examples: Adderall, Concerta, Ritalin, Phentermine, Evekeo, ProCentra, Dyanavel, Vyvanse.

☐ True ☐ False

Comments:

10. Do you take any narcotic pain killers?

Examples: Oxycodone, Vicodin, Codeine, Dilaudid, Duragesic (fentanyl), Demerol, Norco, Lorcet, Methadone, Heroin.

☐ True ☐ False

Comments:

11. Do you use an asthma inhaler or take any asthma medications?

☐ True ☐ False

Comments:

12. Are you taking any supplements that contain L-tryptophan?

☐ True ☐ False

Comments:

13. Are you taking St. John's Wort?

☐ True ☐ False

Comments:

14. Do you take Methylene Blue?

☐ True ☐ False

Comments:

15. Do you have an adverse reaction to tobacco and/or nicotine?

☐ True ☐ False

Comments:

Please list any life-threatening allergies:

Section 4 — Health Attestations

Please answer True or False to each statement below and add any relevant comments.

1. I do not have an active, medicated bipolar disorder diagnosis.

☐ True ☐ False

Comments:

2. I do not have a history of psychosis and/or schizophrenia.

☐ True ☐ False

Comments:

3. I have not been diagnosed with a personality disorder.

☐ True ☐ False

Comments:

4. I am not currently experiencing anorexia and/or bulimia.

☐ True ☐ False

Comments:

5. I do not have a history of seizures or a diagnosis of epilepsy.

☐ True ☐ False

Comments:

6. I have not experienced a stroke or embolism.

☐ True ☐ False

Comments:

7. I do not have severe asthma or emphysema.

☐ True ☐ False

Comments:

8. I do not have a known cardiac illness.

☐ True ☐ False

Comments:

9. I do not have severe, uncontrolled high blood pressure.

☐ True ☐ False

Comments:

10. I do not have Crohn's disease, irritable bowel syndrome, ulcerative colitis, or intestinal ulcers.

☐ True ☐ False

Comments:

11. I do not currently have liver disease or impaired liver function.

☐ True ☐ False

Comments:

Acknowledgment & Signature

The above is true and correct to the best of my understanding. I realize that failure to disclose information pertinent to my social or psychological health could result in harm to me and fellow participants, and I agree to indemnify and hold harmless Santos & The Crystal Visions and their assistants if all relevant information is not disclosed. I also agree to notify Santos & The Crystal Visions should there be any changes in my physical, mental, or emotional health status.

Print Name: _____ Date: _____

Signature: _____

This screening form does not replace a medical evaluation. Santos & The Crystal Visions reserves the right to decline participation based on responses provided, and encourages all participants to consult a licensed physician before making changes to any medication or treatment plan.