

# MEDICAL FORM

Full name

Eg. example@email.com

Country

Date of birth

Occupation

Sex

Do you have any psychological problem ?

Are you taking any medication ?

Did you have accidents or traumas ?

you have operations ?

Do you have all your organs ?

Did you have plastic surgeries ?

Do you have any physical limitation, especially some form of heart condition ?

Do you have any allergy ?

Do you have any dietetic program ?

Do you use chemical substances ?

Do you use hallucinogenic substances ?

Do you practice yoga or meditation ?

Do you have experience with Ayahuasca ?

At which retreat date you would like to participate ?

Please specify your motivation why you want to take Ayahuasca ?

**For your registration please : Complete the Medical Form and send it to me**

**Contact : [ayahuascaretreats@protonmail.com](mailto:ayahuascaretreats@protonmail.com)**