***DISCLOSURE,***

***My background, training, and scope of knowledge with Kambo medicine, excludes the following health conditions:***

**\*Heart conditions other than high blood pressure**

**\*If medicated for low blood pressure and/or knowingly experience low blood pressure and choose not to take medication prescribed by a doctor**

**\*History of stroke(s)**

**\*History of brain hemorrhage(s)**

**\*Experiences an aneurism**

**\*Current blood clots and various history**

**\*History of serious mental health conditions**

**\*Currently undergoing chemotherapy and/or radiation.**

**~ Require a min 8 weeks post**

**\*Taking immunosuppressant medications which would include organ transplant**

**\*Organ Transplant**

**\*Pregnancy**

**\*Currently breastfeeding a child under 3 months of age**

**\*If you have been fasting for 7 days prior to your kambo treatment**

**\*If you have had any water based detox within 3 days prior to your kambo treatment.**

**An example of water based detoxing includes a consistent practice of using colonics, enemas and liver flushes which we would discuss the nature of these practices.**

**PEACE LOVE KAMBO INTAKE FORM**

**You are welcome to share whatever you feel you need to share in terms of your reasons or feelings and/or concerns in this form- please be vulnerable and open.**

**Name:**

**Date of Birth:**

**Phone Number:**

**Emergency Contact #1**

**Name:**

**Phone Number:**

**Address:**

**Emergency Contact #2**

**Name:**

**Phone Number:**

**Address:**

**1. List medication taking currently and in the last 12 months:**

**Medication:**

**Dosage:**

**Reason for Medication:**

**2. Supplements:**

**Supplement:**

**Dosage:**

**Reason:**

**3. Experiencing chronic illness?   Y / N**

**Condition:**

**Duration:**

**Please Specify:**

**4. Current medical conditions (pre/post surgery, disease, chronic issues managing with a doctor and/or natural path: physical, mental, emotional?**

**Condition:**

**Duration:**

**Please Specify:**

**5. Do you have any fears or phobias?   Y / N**

**Please Specify:**

**6. Do you or have you in the past suffered from emotional, mental and/or psychological disorder? Y / N**

**Examples of such conditions might be: Trauma, Assaults, Depression.**

**If yes, then what type?**

**What sort of assistance and/or work have you sought in support of managing and dealing with around any or all of these conditions physically, mentally, emotionally and spiritually?**

**Examples of assistance and support might include: Religious/Clergy, Meditation, Individual and/or Group Therapy/Counseling, Massage, Reiki, Yoga, Exercise, etc.**

**7. Are you currently taking medication(s) for any diagnosed/medical psychiatric disorder(s)? Y / N**

**Medication:**

**Dosage:**

**Reason for Medication:**

**Examples would include:**

**Depression, Bi-Polar, PTSD, OCD, ADHD**

**\*Referencing the ‘Disclosure’ located at the top of this form/email: The Bi-Polar psychiatric condition is of a sensitive nature which contraindicates my ability and scope of practice with Kambo\***

**8. Have you experienced seizures, taking anti-seizure medication, and/or been diagnosed with epilepsy?   Y / N**

**If yes, are you on medication?**

**Medication:**

**Dosage:**

**\*Referencing the ‘Disclosure’ located at the top of this form/email: A history of Seizures and taking anti-seizure medication(s) is a contraindication for my scope of practice with Kambo\***

**9. Do you use stimulants, recreational drugs or plant medicines, etc? Y / N**

**Type:**

**Dosage / Frequency:**

**Reason:**

**\*For the ethical nature and my scope of practice working with Kambo it is imperative to have full disclosure of substances noted above\***

**10. Do you drink alcohol?   Y / N**

**If yes, please specify amount and frequency**:

**Question #11 Consists of 2 Parts**

**Read thoroughly and answer specifically**

**11.  (I) Have you been through rehabilitation, whether a formal center or a specific program or even on your own recognizance, for substance abuse? Y / N**

**If yes, please specify history and provide any current conditions:**

**11. (II) Are you dealing with substance addiction/dependency? Y / N**

**If yes, please specify history and provide any current conditions:**

**12. List operations and/or surgeries.**

**Date:**

**Type:**

**Example: Dental Surgeries such as Wisdom Teeth Removed, C-Section, Plastic Surgery, Cancer related, Organ Surgery, Heart, etc.**

**\*Referencing the ‘Disclosure’ located at the top of this form/email: Heart Surgery and Organ Transplant are contraindications for my scope of practice with Kambo\***

**13. Do you have a diagnoses and/or known cardiovascular condition? Y / N**

**Please Specify:**

**14. Is there anything about your physical/mental state I should know about?**

**Y / N**

**If yes, please specify:**

**15. Do you have previous experience working with Kambo medicine?  Y / N**

**Practitioner:**

**Date:**

**Type of Session:**

**Points Administered/Site Location:**

**16. Share something you like about yourself and why.**

**ELECTRONIC CONFIRMATION & SIGNATURE**

***I hereby certify that by sending my email responses, I have been accurate and truthful in my Kambo Intake Form. By remitting an electronic form as my reply, constitutes my electronic signature as confirmation of my personal accuracy, and understanding of the information I have provided in my Kambo Intake Form.***