

# Apply Here



First Name

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Last Name

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Phone

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Email \*

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Birthday

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**How did you hear about us?**

☐ Friends

☐ Social Media

☐ Other

What city or town do you live in?

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Do you have any past or current health conditions? Please list

Please list any medications, supplements, or drugs you are currently taking and why. What is the dosage?

Have you ever received Kambo before? How many times?

What is the reason you are seeking out Kambo?

Do you have any previous or current mental health conditions? If yes, please explain. Did you receive a diagnose from a Doctor?

**I have epilepsy or a history of seizures:**

☐ Yes

☐ No

**I have liver or kidney issues:**

☐ Yes

☐ No

**I have a history of schizophrenia, bipolar mania, psychosis, or serious psychiatric conditions:**

☐ Yes

☐ No

**I have had an aneurysm, brain hemorrhage or other severe brain trauma:**

☐ Yes

☐ No

**I am currently taking immunosuppressive drugs or steroids:**

☐ Yes

☐ No

**I have experienced Bufo or 5-meo-DMT within the last 30 days:**

☐ Yes

☐ No

**I have experienced Ibogaine or Iboga in the last 3 weeks:**

☐ Yes

☐ No

**I currently have or have had a heart condition/problem in the past:**

☐ Yes

☐ No

**I currently have Addison's disease:**

☐ Yes

☐ No

**I currently have low or high blood pressure and am on medication for it:**

☐ Yes

☐ No

**I have had a stroke, aneurysm, blood clot, or bleeding in the brain:**

☐ Yes

☐ No

**I am or may be pregnant:**

☐ Yes

☐ No

**Are you Co-Vid Vaccinated?**

☐ Yes

☐ No

**Vaccination Date:**

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**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

