

Pre-initiation form

We thank you for filling in this form with total transparency.

The Ebando association disclaims responsibility for any problem caused by omission or lack of veracity in your answers to the following questions. It is important that you tell us about any disease, pathological or functional problem (physical or psychological) that wouldn't be mentioned in the form.

Name :

Surname :

Nationality :

Date and place of birth :

Gender :

Height :

Weight :

Address :

Country :

Telephone :

Email :

Your father's name and surname :

Your mother's name and surname:

Occupation/work as :

Marital status :

Children (tell us how many) :

What language(s) do you speak ?

Hobbies and interests :

What has lead you to Iboga ?

Have you ever used Iboga ?

If your answer is yes, in what quantity and which context ?

Briefly describe your experience> what did you feel/learn/see ?

Reason you want to do initiation/what is your intention ?

Have you ever used any other Entheogenic plants (e.g. Ayahuasca, Peyoti, ...) ?

Have you ever been initiated to other traditions ?
If yes, which one(s) ?

Have you ever experienced altered states of consciousness ?
If yes, what were the circumstances, with or without psychoactive material, spontaneous or induced ?
Briefly describe your experience :

Have you experienced particularly traumatic events in your life ?

What are the impacts that you are aware of in your life ?

How have you 'worked' to resolve these impacts ?

Do you currently experience, or have you suffered family conflict in the past?
If yes, give a brief description :

Have you ever used drugs in the past, and in what quantity ?
(e.g. tobacco, alcohol, cannabis, cocaine, LSD, ecstasy, heroin, crack, etc.)

Do you currently use drugs, and in what quantity ?

Do you have any particular disease (e.g. diabetes, physical handicap, hypertension, heart disease, AIDS, hepatitis, etc) ?

Do you have a medical history/history of hospitalization ?
If yes please give a brief description :

Are you on any medication/undergoing medical treatment ?
If yes, what is it ?

Do you regularly take self-prescribed medication ?
If yes, which one(s) ?

Are your vaccines up-to-date ? [Yellow Fever, Tetanus]

Do you suffer from allergies ?
If yes, which one(s) ?

Have you ever been hospitalized ?
If yes, for what reasons ?

Have you ever been in psychological care (e.g :
psychoanalysis, psychotherapy, behavioral therapy, etc.) ?

Have you ever tried to commit suicide ?
If yes, when ?

Do you suffer from psychiatric disorders (depression, hyperactivity, bipolar
disorder, bulimia, anorexia, anxiety, stress, etc.) ?
If yes, give a brief description :

Have you ever been hospitalized in a psychiatric department ?
If yes, for how long and what reasons ?

Do you play any sports ?
If yes, which one(s) ?

Do you practice meditation ?

Do you have a particular dietary requirement ? [Vegan, Pescetarian etc.]
If yes, what is it ?

Do you suffer from ulcers or stomach problems (constipation, diarrhea, vomiting) ?

Do you suffer from sleep disorders ?

Do you suffer from back pain ?

Have you ever travelled to Africa ?

If yes, in which country, for how long and in what context (e.g. tour, holiday club, stay with locals...)?

Have you met with any particular difficulties?

If yes, make a brief description :

Have you visited any other countries ?

If yes, which ones and for how long ?

Do you have any particular concerns or specific questions about your stay ?

Would you like to comment or add any information ?

I, the undersigned..... guarantee the accuracy of the information contained in this document. I exempt the Ebando association and declare myself fully responsible for the consequences of any omission or failure to truth. I therefore declare that I attend Ebando's sessions of my own will.

Location

Date

Signature

Documents to attach to the form:

- Photo ID
- ECG Test result
- Liver Panel Test result
- Any other Medical Certificate stating the absence of heart, gastric and psychiatric diseases