

First Name: _____

Last Name: _____

Gender: _____

DOB: _____

Height: _____

Weight: _____

Phone Number: _____

Email Address: _____

Please provide a brief history of your addiction.

Please provide a complete list of all medications you are currently taking, including the dosage, and why the medications were prescribed.

Please provide a complete list of all non-prescribed medications and/or street drugs you are currently using.

Please provide a complete list of all medications you are prescribed, but are not currently taking.

What is your drug of choice?

Do you drink alcohol? If so, how much do you drink, and how often.

Please list all supplements, nutraceuticals or performance enhancers you've taken in the last month?

Please list all foods and/or medications you are allergic to.

Please list any major surgeries you've had in the past, including the date and reason for the procedure?

Please list all past and present psychiatric diagnosis delivered from a qualified physician.

Please list any current illnesses, diseases or medical conditions, including any medications that have been prescribed.

Have you ever admitted to a psychiatric hospital?

Do you have hypertension or hypotension? If so, what medications are you taking?

What is your blood pressure?

What is your pulse rate?

Do you have a history of myocardial infarction or heart disease?

Do you have a history of seizure? If so, what medications are you taking?

Do you have history of vascular disease including aneurysms? If so, how is it being treated?

Do you have a history of embolism, problems with blood clotting, or recent trauma to the body including the pelvis and legs?

Do you have diabetes? If so, is it insulin dependent?

Do you have hypoglycemia?

Do you have fainting spells or get dizzy when getting up suddenly?

Have you ever had surgery to your gastrointestinal tract or have a history of any disease including ulcerative colitis, Crohn's, bleeding, peptic ulcer, etc.?

Do you have any type of hepatitis including abnormal liver function tests, hepatitis C, primary biliary cirrhosis, elevated serum ammonia levels, etc.? Please explain?

Do you get nauseous easily? If so, what triggers this reaction?

Have you ever coughed up or vomited blood?

Do you have insomnia?

How many hours do you usually sleep?

Have you ever used inhalants to get high?

Do you consider yourself to be severely depressed?

Have you ever tried to commit suicide? If yes, please explain.

Do you have any type of brain damage including traumatic or closed head injury with or without unconsciousness, or seizure?

Do you have HIV?

Do you have impaired renal function or kidney disease?

Do you have or have you ever had active tuberculosis?

Are you a smoker? If so, how much and how long?

Are you asthmatic? If so, do you use an inhaler?

What do you hope to achieve from our Ibogaine treatment?

How did you hear about us?