

Cosmic Medicine Journey

Intake Questionnaire

Hi,

Our Cosmic Medicine Journey is a unique process allowing for deep transformation & remembering of your Truth. In order to prepare with the utmost care, we ask you to complete this form. Please be as honest and as specific as possible.

Note: All personal information shared in this document is for the use of Urban Sanctuary internal alone. All information shared here is for the purpose of providing individualised and safe care for you and others in your journey group. All sensitive information will be managed with discretion and strict confidentiality.

Basic Information

Name: _____

Surname: _____

ID Number: _____

Date of Birth: _____ Age: _____

Email Address: _____

Phone Number: _____

Emergency Contact

Name of emergency Contact: _____

Nature of Relationship: _____

Contact Number of Emergency Contact: _____

Health & Wellness Background

Your Height:

Your Current Weight:

- Have you got a history of psychiatric or mental illness?

- Do you have a history of schizophrenia in your family?

- What is your medical history? Do you have any significant injuries, diagnoses past or present?

- Do you have any health issues /infectious diseases? Have you been in contact with anyone with COVID in the last 2 weeks (to the best of your knowledge)

- Do you suffer from Diabetes?

- Do you have an issues with the heart, are you on heart medication?

- Do you suffer from Epilepsy or had any epileptic encounters?

- Are you on any prescribed medication - if so which ones? (Please list all and prescribed amount)

NB: it is vitally important that you be forthcoming about any addiction or medication even if it was in the past. You may want to do a private journey.

- Are you currently addicted to any medication or narcotics? Which ones? (Strictly Confidential) & How long since you last consumed this substance?

- Are you allergic to mushrooms as a food source?

- Have you endured any trauma recently or in the past? Please give us some detail and indicate if you would like further consultation

- Have you had sudden big changes occur in your life recently? (Job, Relationships, Paradigm Shift, Perspective)

- Are you currently receiving any form of western or eastern medical treatment? Please describe:

- Have you ever taken a form of plant medicine? If so, which one/s? How was your experience? Was it for Sacred/Ceremonial use or recreation?

- Have you participated in a Plant Medicine Ceremony? How many times?

- Why do you feel psilocybin or other entheogens would be appropriate for you in a sacred journey as a medicine?

Where are you now?

- What is your greatest pain point at this moment?

- How would you describe your current health and wellbeing?

- What is your previous experience with personal growth work? (i.e. breath work, yoga, sexuality, spirituality, meditation)

Your Intentions

- Why have you chosen to do a Medicine Journey now?

- What would you like to gain from this experience? What questions are you looking for answers to?

- What is your intention in one sentence?

CONSENT & WAIVER

On receipt and completion of this registration form you hereby agree to the following:

You are a Sovereign individual, joining the journey of your own free will.

You are responsible for your own experience. The practitioners are by no means Healers, rather facilitators to empower you on your own path of Healing.

You take responsibility for verbalising your needs and intentions.

You understand that many Plant Medicines, especially entheogen are still under going legal classification battles, so will have discretion with whom to share your experience.

You are physically & mentally able to take part in this ceremony. ie: no contraindications either physical or mental.

You assume all risks & liability for your experience. We are here to support you.

PAYMENT INFO

A deposit of 50% (R1 400.00) confirms your place. This is non-refundable but can be transferred. Cancellation within 14 days of Ceremony date is non transferable.

Rest of payment to be made before arriving at the ceremony. If you need a payment plan please arrange directly with Alex. Cash always welcome.

Banking Details:

FNB

Account Number: 62032234536

Branch code: 250655

Thank you.