

Application for Ibogaine Treatment

Please answer all questions as accurately as possible, paying special attention to medical and substance use profiles. Incomplete or false information can lead to unintended consequences that may greatly effect your treatment and may lead to serious harm. Keep in mind that most, if not all, of the ibogaine related complications or deaths have occurred because of heart problems, inaccurate reporting of substance use, and/or use of opiates during or just after treatment. Thank you for your honesty.

Name: _____ Date: _____
Age: _____ Gender: M F Weight: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
Email: _____
Emergency Contact: _____ Phone: _____ Cell: _____
Doctor: _____ Phone: _____
Psychiatrist/Therapist: _____ Phone: _____

Reason for wanting Ibogaine Therapy:

Do you have any allergies?

Do you have any specific dietary needs (vegan, diabetic, etc.)?

Do you have experience with psychedelics or visionary plant medicines?

Do you have a passport?

Any pending legal issues?

Where did you grow up?

What was your family life like?

Who do you live with now? Are they clean?

What is your educational background?

Where do you work?

Have you lost friends or family members to addiction?

What is the hardest thing you've ever worked for?

What do you value most in life?

What were the four happiest moments of your life?

What were the four saddest?

Do you smoke? How much?

Do you drink Alcohol? How much and how often?

Are you currently using substances? How much?

List medications you are taking & daily dosage. Please pay special attention to anti-depressants, anti-anxiety medications, benzodiazepines, and QT prolonging medications (if the bottle says to avoid grapefruit while taking your medication, you probably are dealing with a QT prolonger):

Are you suffering from any emotional or mental conditions? Expand below.

Depression

Bi-Polar

Schizophrenia

PTSD

Obsessive/compulsive

Eating Disorders

Other (explain)

List history and treatment for of any of these conditions:

What are your spiritual beliefs or practices?

How do you handle emotional experiences?

How would you characterize your overall physical condition?

When was the last time you saw a doctor? For what reason?

Check any conditions that you have. Expand below if necessary

Diabetes

Stroke

History of Seizure

Hepatitis A, B, or C

Liver problems

Jaundice

Headaches

Any Bleeding

Urinary problems

Abdominal pain

Stomach problems

Thyroid problems

History of Ulcers

Slow heart rate

Heart problems

Heart disease

Low blood pressure

High blood pressure

Respiratory problems

Asthma

Shortness of breath

Loss of menstruation

Painful menstruation

Excessive menstruation

Abdominal pain

Cancer

Renal disease

Swelling

Pain

Muscle spasm

Joint pain

Numbness

Nerve damage

Varicose veins

Nausea

Heartburn

Diarrhea

Shaking

Constipation

Back problems

Dizzy spells

Obesity

HIV pos./ Aids

Tuberculosis

Please list any surgeries and dates:

How long have you been clean in the past?

Have you been to any rehab or treatment programs? Please list details & personal opinion of these experiences:

What has worked to stay clean?

What are your goals for recovery?

Do you have a healthy environment to return to?

What do you like to do when you aren't using?

What is your after treatment plan?

Do you believe people live happy and clean?

Are you willing to give yourself a year to recover?

Are you willing to give up everything you have to get clean?

What do you think you can hold onto and still get clean?

Will you seek therapy before and after treatment?

Ibogaine addresses most but not all of the discomfort associated with detoxification. Are you willing to experience some discomfort and restlessness?

Part of the process of opiate detox may involve extended periods of sleeplessness. Are you prepared for this?

Additional comments:

Your personal information will be held in the strictest confidentiality. We do, however, ask that you allow us to use the above info. and any other data gathered during your treatment for research purposes. None of your personal information will be associated with this data. Any information that can be added to the growing knowledge base for ibogaine therapy will lead one step closer to the legitimization and legalization of this very important medicine. Thank you!

I agree to allow this information be used to further our knowledge of ibogaine therapy: Yes No