Health History Questionnaire

Important: Complete this questionnaire as thoroughly as possible. Some of the questions that follow may seem unrelated to your condition, but may play a major role in diagnosis and treatment. All the information that you provide in this questionnaire is strictly confidential and will become part of your medical record.

Date:_____

Patient Information

Patient Name	
Sex	
Date of Birth: (mm/dd/yyyy)	
Age	
Country	
Email Address	
Relationship Status	
Current Occupation	
Contact Number	
Name & Contact Number of Family Member (Mention here the name & contact number of a person for emergencies)	
Cusco Hostel/Hotel Address	
Type of Retreat	

Personal Health History

Childhood Illness: ☐ Measles ☐ Mumps ☐ Rubella ☐ Chicken Pox ☐ Polio

☐ Rheumatic Fever

Others: _____

_____

Medical Illnesses:

Illness:	Age at Onset:	**Illness:**	Age at Onset:
☐ Diabetes		☐ Osteoarthritis	
☐ Hypertension		☐ Gout	
☐ Heart disease		☐ Epilepsy	
☐ Asthma		☐ Bleeding disorder	
☐ Cancer		☐ Severe infections	
☐ Genetic defects		☐ Bipolar	
☐ Venereal disease		☐ Surgeries	
☐ Allergies		☐ Others	

For Ayahuasca Retreats Only

Name of the Medical Doctor / Specialist listed on your recent Medical Certificate of Health and Wellness (e.g. a doctor's fit note) proving you have completed a recent medical evaluation and exam:

_____

Date of your recent medical evaluation and exam: _____

How much water do you drink daily?

How many caffeinated drinks do you drink per week (coffee, tea, soda)?

Has there been any change in your general health in the past year?

Are you now under a physician's care for a particular problem?

Have you ever had any serious illnesses, operations or hospitalizations? If so please describe

Do you have any cardiovascular disease, including heart attack?

Do you suffer from high blood pressure problem?

Do you suffer from Low blood pressure problem?

Digestion: Please mark below which applies

Quick ( ) Slow ( ) Normal ( )

Do you smoke or chew tobacco?

Is there any past history of alcohol or chemical dependency or emotional disorder that may affect the care we provide you?

Are you on a restricted diet? If so please describe

Have you ever had any psychiatric or psychological diagnostic? If so please describe

Have you ever had any psychiatric or psychological treatment? If so please describe

Are you currently in therapy or do you participate is any kind of support group?

Do you practice meditation, yoga, reiki, bioenergy or any other form of self-exploration? If so, please describe

How do you know about us?

Medications:

List all prescription and over the counter medication, herbs and vitamins that you have been taking on a regular basis in the last 3 months, and the date last taken.

Name	Frequency	Date

Allergies:

List name of medicine or food that have resulted in an unfavorable reaction. State reaction.

Medications:

Food:

Surgeries & Accidents:

Have you ever had any surgeries or accidents?

Please explain:

Traumas / Abuse:

Have you ever had any traumas or physical or emotional abuse?

Please explain:

Please note that you may choose to discuss this question in a private conversation with Wayra Spirit Staff instead

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Family Health History

Do any of your family member suffer from high blood pressure problem? (This question is asked to know high BP history of family)

Do any of your family member suffer from low blood pressure problem? (This question is asked to know low BP history of family)

Do any of your family member suffer from diabetes? (This question is asked to know diabetes history of family members)

Are there people in your family with a history of psychiatric disorders?

Are your parents still alive? Yes: ☐ No: ☐

How was your relationship with them in the past?

How is your relationship with them now?

Do you have siblings (Half/Step/Full)? Yes: ☐ No: ☐

If yes, how many of each? Brothers: ☐ Sisters: ☐

How was/ is your relationship with them in the past, and now?

Is there any specific piece of medical related information which you would like to add? (This question is asked to take any additional information)

Have you ever used any type of drugs? If so please describe

			How long ago?
Marijuana/Cannabis…….……	◯ Yes	◯ No	….....……
Mushrooms……...…	◯ Yes	◯ No	……..…..……
Nicotine……..……...……...…	◯ Yes	◯ No	…..…..……..
Alcohol…….……	◯ Yes	◯ No	…….....
Anphetamines……..……..	◯ Yes	◯ No	.....…..….
Valium…….……..	◯ Yes	◯ No	…...……
Cocaine……...	◯ Yes	◯ No	...…….
Heroine...……...…….……	◯ Yes	◯ No	……
Mezcaline……...……..	◯ Yes	◯ No	…..……..
Crack…….……	◯ Yes	◯ No	…….....
Ketamine……..……	◯ Yes	◯ No	..…...…..……
Ecstasy (MDMA)……...…..……	◯ Yes	◯ No	……
LSD……..……	◯ Yes	◯ No	…...……

Others: ……..……...

For women only:

Are you pregnant, or is there any chance you might be pregnant? If so you are not able to participate in the Ayahuasca ceremony. Yes ○ No ○

Regular menstrual cycle? Yes ○ No ○

Describe:

Birth control: If so please describe type.

What are your goals for the Ayahuasca retreat?

I understand the importance of a truthful and complete health history to assist to Wayra Spirit in providing the best care possible.

Patient Signature: _____

RELEASE OF LIABILITY

The Client, being at least 18 (eighteen) years of age, in their signature following has requested to participate in a ceremony/retreat of Ayahuasca with WAYRA SPIRIT and their respective representatives, for which they will have signed this Liability and Authorization Form,and are in full awareness of the risks of such.

The Client states that they have answered their Health History Questionnaire truthfully and completely and are free from any known or unknown heart, physical, mental, drug or any other health problems that could prevent them from participating or cause complications during their participation. They agree that their safety is primarily dependent upon taking proper care of themselves during the Ayahuasca retreat /ceremony, and in following all pre and post Ayahuasca ceremony / retreat, dietary and health guidelines, including abstaining from medications and drugs and that they have completed a medical exam from their licensed primary care Medical Doctor and / or Specialist within the last 30 days and have provided WAYRA SPIRIT a copy of the resulting recent Medical Certificate of Health and Wellness (e.g. a doctor's fit note). Clients should consult their health care providers prior to starting any new healing activity/program.

I, the undersigned participant, am freely signing this agreement. I have read this form and fully understand that by signing this form I understand that participation in a ceremony / retreat of Ayahuasca might present a risk of injury or harm to myself, and I agree that this risk is fully borne myself, the Client. In addition, I hereby releases and agree to waive liability, from and against any and all damages and claims of any kind, known or unknown, that may be connected, are the result of, or arising from consideration, preparation, implementation or participation in the aforementioned ceremony/retreat of Ayahuasca, against WAYRA SPIRIT. This includes, but is not limited to, claims involving economic loss, illness or medical condition, injury or accidental death. I acknowledges having read and understood this Release of Liability. I, the Client, agree with this Release of Liability and precisely express full understanding and it has not been modified orally or in writing.

READ BEFORE SIGNING

The Client

NAME:_____ SIGNATURE:_____ DATE: _____

PASSPORT NUMBER: _____

Wayra Spirit Representative.

NAME:_____ SIGNATURE:_____ DATE: _____

Wayra Spirit - Patient Policies

Booking Policy

To ensure optimum focus and personalized care and attention for our patients, we set limits on the number of patients we treat at any given time. Retreats are booked on a first-come first-served basis. Bookings are secured / confirmed only upon receipt of a **50%** deposit. Once a deposit has been made, you will receive a confirmation email guaranteeing your reservation for your preferred dates. The remaining **50%** will be collected the day of your volcanic water cleanse. Retreats will not commence unless complete payment has been made in full prior to the retreat start date.

Payment Policy

Wayra Spirit accepts payment in US Dollars and Peruvian soles at a set exchange rate **(4.1%).**

Deposits to secure your booking can be made via:

Paypal - in USD to Wayraspiritayahuascaretreat@gmail.com Payments are to include a **6.5%** Paypal processing fee.

Western Union – https://www.westernunion.com in USD to the payee: **Nael Mamani Quispe,** and by emailing the Money Transfer Control Number (MTCN) of the payment to Wayraspiritayahuascaretreat@gmail.com

Bank Transfer – in USD to BCP Bank. Payments are to include a **$25 USD** bank processing fee. Account Number **002-285-17080-9559-1-71-52**. Name on the account: **NAEL MAMANI QUISPE**. Address: Avenida El Sol #189, Cusco, Cusco, Cusco, Peru (the word 'Cusco' repeatedthis way is not a mistake). Swift Code: BCPLPEPL.

Missed Bookings / Cancellation Policy

Our goal is to provide quality individualized shamanic medical care in a timely manner. We try to be as flexible as possible and accommodate our patients schedules and we will accept short-notice bookings as long as sufficient time is available for participants to perform their pre-retreat preparations. All bookings and or cancellations must be confirmed in writing (email). Verbal notice is not valid.

Missed bookings and cancellations create inconvenience to our staff, shamans, and prevent the scheduling of other participants. We understand situations arise when patients may need to make changes prior to their scheduled booking starting, and advance notice helps us be respectful of our staff and shamans schedules and allows us to be considerate of other patients who would like to book with us. The retreat payment is non refundable.

In the case of rescheduling retreats/ceremonies for situations that arise that are outside of Wayra Spirit responsibility / control, if notice is received within an acceptablenotice period, patients may reschedule their booking to a time more convenient for them based on the Center's availability. Missed bookings can be rescheduled within a one year time frame.

Patient Responsibilities

<u>Communication:</u>
We require patients to be completely honest when completing their health questionnaire, especially regarding drug or medication use, and trauma history so that we can ensure patient safety and a complete diagnosis. Wayra Spirit is a supportive and judgment-free zone, but for patient safety we reserve the right to refuse treatment to patients with the following conditions: pregnancy, heart surgery /pacemakers, mental illness (e.g. schizophrenia, bipolarism), blood disease.

Patients who do not complete all of Wayra Spirit 7-Phases of Patient Health & Safety, which are mandatory to ensure patient safety and well-being, will not be able to participate in their retreat. If on the day of the retreat, or at any time during their retreat any patient is deemed to be unfit to continue, or is in possession of prohibited items, they will not be able to participate in / continue their retreat. We request respectfully that patients voice any questions or queries about our services without delay so we may assist them in a timely manner.

Code of Conduct, Openness & Respect:

We request that patients start their journey with: commitment, respect, an open mind, and an open heart. Focus should be centered at all times around safety, healing, self-respect, respect for others, and respect for the plant medicines. Thus, the retreat environment is substance free, and patients who bring prohibited substances (alcohol, medications, pills, recreational drugs, both over the counter and prescriptions, oral contraceptives, and other plant medicines or herbal remedies) will not be able to participate in their retreat.

Confidentiality:

Every patient's journey is private and specific to them. Different groups of patients may be present at the same time at our center for retreats depending on our booking availability. Patients who have already participated in ceremony are to refrain from discussing their ceremony experiences with new patients. Keeping the details of ceremonies private ensures new patients are not influenced, expectant, judgmental, under or overwhelmed and their first ceremony remains truly subjective and unique for their needs. Due to the personal nature of the work done at Wayra Spirit, patients shall not discuss the details of other patient's ceremonies or experiences without their expressed permission in writing. This includes mentioning other patients by name or identifying details in any form private or public (such as but not limited to: vlogging, blogging or reviews).

At Wayra Spirit all patient records are maintained in a confidential manner, and for this purpose we cannot provide personal contact information. We can only provide information to those listed as emergency contacts of the patient, and only then with the utmost discretion, and in emergency situations only. We request that patients be respectful of other persons needs, privacy and journeys. This includes being respectful of other patients requests and personal preferences for private spaces, or minimal or no contact post-retreat.

We do take group photos at the end of the retreats so as not to interfere with patients treatment and to respect its sacredness. Photos are used to document patient activities and are used anonymously in Wayra Spirit promotional material, and by signing this patients agree to allow Wayra Spirit to use any photos for these purposes.

READ BEFORE SIGNING

The Client

NAME:_____SIGNATURE:_____DATE:_____

PASSPORT NUMBER: _____

Wayra Spirit Representative

NAME:_____SIGNATURE:_____DATE:_____