A little about you

Please complete before your preparation conversation. If a question feels difficult, write "discuss privately." We can review it together. This form is not monitored for emergencies.

Full name and name you prefer to use

Date of birth | Pronouns (optional)

Email | Phone

City, state/country | Time zone

Preferred contact method | Is it safe to leave a message?

Emergency contact: full name | Relationship | Phone

Experience or retreat requested | Preferred dates

Save a copy after completing. Return through the private upload method provided by your facilitator. Do not post completed forms on a public webpage or send health details through social media.

Health & medications

Your answers help us discuss safety and whether additional professional assessment is needed.
This questionnaire does not diagnose a condition or establish eligibility.

Current health conditions, recent procedures, allergies or significant past health concerns

All prescriptions, over-the-counter medicines and supplements: name, dose, frequency and reason

Have you taken lithium within the past 30 days?

- ○ Yes
- ○ No
- ○ Unsure

Any heart condition, high blood pressure, seizure, fainting or neurological condition?

- ○ Yes
- ○ No
- ○ Unsure

Are you pregnant, possibly pregnant, or feeding with breast milk?

- ○ Yes
- ○ No
- ○ Unsure

Primary care / prescribing clinician: name and contact (if available)

Do not stop, taper or change any medication to prepare without guidance from your prescribing clinician.
Listing a clinician here does not authorize us to contact them or release your information.

Emotional health & support

You do not need to describe traumatic experiences in detail. Share what would help you feel supported, and flag anything you would prefer to discuss in person.

Current or past mental health diagnoses, care, hospitalizations or significant concerns

Have you ever been diagnosed with or treated for psychosis?

- ○ Yes
- ○ No
- ○ Unsure

Any history of mania or bipolar disorder, or close family history of bipolar disorder or psychosis?

- ○ Yes
- ○ No
- ○ Unsure

Are you currently having thoughts of harming yourself or another person?

- ○ Yes
- ○ No
- ○ Unsure

Any previous self-harm, suicide attempts, or thoughts of harming yourself or others?

- ○ Yes
- ○ No
- ○ Unsure

Therapist / support network | What helps when you feel overwhelmed?

If there is immediate danger, call 911 or go to the nearest emergency department. Do not wait for this form to be reviewed. We will discuss flagged answers privately before any scheduling decision.

Alcohol & other substances

Please answer honestly and without judgment. If you do not use alcohol or other substances, write "none." A retreat is not a medically supervised detox program.

Alcohol: typical drinks per day/week, drinking days per week, and how long this pattern has continued

Largest amount in one day recently | Most recent drink: date, time and amount

When delaying or reducing alcohol, have you had shaking, sweating, nausea, anxiety or a racing heart?

- ○ Yes
- ○ No
- ○ Unsure

Any withdrawal seizures, hallucinations, severe confusion, or medically supervised detox?

- ○ Yes
- ○ No
- ○ Unsure

Other substances: cannabis, sedatives, opioids, stimulants, psychedelics or other drugs; frequency and last use

Current recovery care, treatment medications, past treatment and any medical plan for reducing alcohol

Alcohol withdrawal can be life-threatening. If you drink heavily or daily, seek medical assessment before reducing or stopping. Do not use this retreat to detox. Seizures, hallucinations or severe confusion need emergency care.

Intentions & comfort

There is no right way to describe what brings you here. Your preferences guide our preparation conversation; you can change your mind or set new boundaries.

What brings you here now? What would meaningful change look like in daily life?

Previous psychedelic or altered-state experiences, including anything challenging

Fears, sensitivities, triggers or boundaries you want us to understand

What helps you feel grounded? Preferences for music, quiet, lighting or communication

Accessibility, mobility, sensory, language, dietary or personal-care needs

This form does not authorize touch, recording, sharing your story or anyone else being present. These require separate discussion and any applicable consent forms.

Planning & next steps

Preparation, transportation and support after an experience deserve time and attention. A requested date or two-session itinerary remains provisional until reviewed.

Arrival / departure plans | Lodging during your stay (if applicable)

Who will provide safe transportation after each session? Name, relationship and phone

Who can support you afterward, and what responsibilities need coverage?

Integration support planned for the following days and weeks

Anything else you want to ask or discuss privately?

Acknowledgment: The information I provided is accurate to the best of my knowledge. I will tell my facilitator about changes before each session. Completion does not guarantee participation or any particular outcome. This is supplemental intake, not informed consent, a liability waiver, or a replacement for required Oregon forms.

Typed name (acknowledgment only) | Date

Practice reference: Oregon Health Authority, Client Information Form (updated 1.1.26) and required client forms: oregon.gov/psilocybin. Alcohol safety: NIAAA, Understanding Alcohol Use Disorder, niaaa.nih.gov. Prepared November 2026.