

Kambo

Medical Intake Forum



This forum, and all other documents associated, strictly adhere to our client-practitioner confidentiality agreement.

Coming Back Home L.L.C.

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Amber Rashid

Client Medical Intake Forum for Kambo



Personal Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Gender: _____

Address: _____

Emergency Contact: _____

How did you hear about me? _____

Experience

These questions aim to gather information about the individual's prior experiences with Kambo for their upcoming session. It helps the practitioner understand the individual's familiarity with Kambo and tailor the ceremony to their specific needs and goals. Please answer the following questions with as much detail as possible.

If this is your first time receiving Kambo, please skip this section.

Have you ever experienced Kambo ceremony before?

If yes, please provide details such as the number of ceremonies attended and the approximate date of your last ceremony.

What prompted you to try Kambo for the first time?

How would you describe your previous experiences with Kambo?

Please elaborate on any physical, emotional, or spiritual effects you have noticed.

Have you experienced any adverse reactions or side effects from previous Kambo ceremonies? If yes, please provide details.

How would you describe the benefits or positive changes you have experienced as a result of previous Kambo ceremonies?

Have you noticed any long-term effects or improvements in your well-being as a result of previous Kambo experiences? Please describe.

How would you rate your level of comfort and preparedness for the physical and emotional intensity that can come with a Kambo ceremony?

Have you engaged in any additional practices or therapies alongside Kambo to support your overall well-being? If yes, please provide details.

Other Pertinent Experience

These questions aim to gather information about the individual's experiences and familiarity with other plant medicines. It helps the practitioner understand the individual's broader context and integration of different modalities into their healing journey. The responses provide insights that can guide the practitioner in offering appropriate support and guidance during the Kambo experience.

Have you ever worked with any other plant medicines or entheogens? If yes, please specify which ones.

How would you describe your experiences with other plant medicines? Please elaborate on any physical, emotional, or spiritual effects you have noticed.

What prompted you to explore other plant medicines? Were there specific intentions or goals you had in mind?

Have you experienced any adverse reactions or challenging experiences with other plant medicines? If yes, please provide details.

How have other plant medicine experiences contributed to your personal growth and healing journey?

Have you noticed any long-term effects or improvements in your well-being as a result of working with other plant medicines? Please describe.

Is there anything specific you have learned or gained from your experiences with other plant medicines that you believe will be relevant or helpful in your Kambo journey?

Are you currently working with or planning to work with any other plant medicines concurrently with Kambo? If yes, please specify.

Is there anything specific you would like the practitioner to be aware of or take into consideration regarding your experiences with other plant medicines?

Are there any precautions or recommendations you would like to share based on your previous experiences with other plant medicines?

Medical Background & History

These questions aim to gather a comprehensive understanding of the individual's medical background and history. They help the practitioner assess any potential contraindications, identify possible risks, and ensure the individual's safety during the Kambo session. It is essential to provide accurate and detailed information to ensure the practitioner can make informed decisions and tailor the treatment accordingly.

Are you currently pregnant or do you think you may be pregnant? Yes / No

If yes, please provide an estimated due date: _____

Are you currently breastfeeding a child under 1 year old? Yes / No

Do you have any serious heart conditions?

- Pacemaker
- Valve Disease
- Bypass Surgery
- Enlarged Heart
- Other
- N/A

Do you have any Blood Pressure and Brain Conditions? Yes/No

Do you suffer from high or low blood pressure? Yes / No

Have you had a stroke, aneurysm, or bleeding in the brain? Yes / No

Have you ever had an organ transplant surgery? Yes / No

Have you been treated for any conditions by a GP or another complementary or alternative practitioner? If so, please explain.

Have you been diagnosed with any of the following conditions:
Epilepsy, ulcers, recent operations/fractures, anxiety, psychotic disorder, any dysfunction of the nervous system, cancer, inflammation, hernia, chronic pain. If so, please explain.

Contraindications

Please indicate if you have any of the following contraindications

- Stroke or brain hemorrhage
- Aneurysm or blood clot
- Heart bypass surgery
- Enlarged heart
- Organ transplant
- Active ulcers
- Addison's Disease
- Crohn's Disease/Irritable Bowel Syndrome (IBS)
- Taking immune-suppressants
- Epilepsy
- Serious mental health conditions (excluding depression, PTSD, and anxiety)
- Lack of mental capacity to decide to take Kambo
- Seriously low blood pressure requiring medication
- Recovering from a major surgical procedure

- Pregnant or breastfeeding women with babies under 1 year old
Under 18 years of age
- Undergoing chemotherapy or radiation treatment (less than 6 weeks prior or 6 weeks afterward)
- Certain types of EDS
- Using sleep aids or slimming aids
- Wolff-Parkinson-White syndrome
- Gliomas
- Fasting less than 3 days prior

Please consult with the practitioner for further clarification or questions.

Hospitalization and Support

Have you been hospitalized in the last 20 years? Yes / No

- If yes, please provide details:

Are you currently or have you ever received therapy, attended a support group, or worked with a counselor, psychiatrist, psychologist, or psychotherapist? Yes / No

- If yes, please provide details:

Is there anyone in your family with a history of psychiatric disorder? Yes / No

Trauma and Substance Use

Have you experienced traumas in life, including traumatic events as well as ongoing challenges? Yes / No

If yes, has this influenced your desire to work with Kambo? Yes / No

If yes, please provide details:

Do you drink alcohol? Yes / No

If yes, how often _____ and are you willing to fully detox off any alcoholic substances for a minimum of 7 days prior to the session? Yes / No

Do you use any "illegal" substances, including cannabis? Yes / No

If yes, what and how often _____ and are you willing to fully detox off all substances for a minimum of 7 days prior to the session? Yes / No

Medications and Supplements

Are you currently taking any Western medical prescriptions, over-the-counter or alternative medications, homeopathic remedies, or herbal supplements? Yes / No

If yes, please provide details:

Additional Information

Is there anything else I should know about your physical or mental state?

Informed Consent

I, _____, understand that Kambo is derived from the secretions of the Amazonian frog and has been used traditionally by indigenous cultures for various purposes. I have provided accurate and complete information in this medical intake form to the best of my knowledge. I understand that the administration of Kambo involves the application of small burns to the skin and the subsequent application of the Kambo secretion.

I am aware that Kambo has no known detrimental side effects when responsibly administered, but there are specific contraindications and potential risks that may vary from person to person.

I acknowledge that it is my responsibility to disclose all relevant medical information, including my medical history, medications, and any other relevant conditions. I understand that the practitioner will use this information to assess my suitability for Kambo treatment and to ensure my safety.

I understand that the practitioner will explain the Kambo process to me in detail, including the potential benefits, risks, and any potential side effects. I understand that the practitioner will provide instructions regarding pre- and post-treatment care, including dietary guidelines, hydration, and rest.

I acknowledge that the decision to receive Kambo treatment is entirely voluntary, and I have the right to ask questions, seek further information, and withdraw my consent at any time before or during the session. I understand that Kambo is not intended to diagnose, treat, or cure any specific medical conditions.

By signing below, I confirm that I have read and understood the information provided in this medical intake form and that I freely and willingly consent to participate in Kambo treatment under the guidance and care of the practitioner. I also acknowledge all potential risks at my own consent and risk.

Client's Signature: _____

Date: _____

Practitioner's Signature: _____

Date: _____

Please e-mail the completed medical intake form to: info@comingbackhome.com

Please be aware that the services offered do not involve any form of medical practice. Kambo is not considered a medicine, and Rain Forest Healing Practitioners are not medical professionals, including doctors or any other healthcare providers.

They do not diagnose, provide health advice, treat physical or mental issues, or prescribe medications. Kambo is a shamanic ritual and ceremony rooted in the Amazon Rainforest, and it should not be perceived as a medical treatment. Participants are strongly advised to conduct their own research regarding the potential benefits of taking Kambo, as no specific benefits are offered or implied here. The information provided is not intended to treat, diagnose, cure, or prevent any disease of illness. All material shared is solely for educational purposes. If you have any questions concerning a medical condition, always seek advice from your physician or another qualified healthcare provider.