

Client Information

Full Name:

Personal Gender:

Preferred Pronouns:

Date of Birth:

Age:

Mobile Number:

Gender Assigned at Birth:

Email Address:

Emergency Contact Information:

Full Name:

Mobile Number:

Relationship:

Kambo is a potent medicine found in the Amazon Rainforest, procured from the secretions of the giant monkey tree frog (*Phyllomedusa bicolor*). Administered through small burns in your skin, its bioactive peptides induce powerful purgative effects, often accompanied by physical symptoms like vomiting, sweating, crying, digestive release and rapid heart rate. These effects can facilitate a deep cleansing process, helping to clear somatic blocks via physical, emotional, and mental stimulation. Many also report profound spiritual awakenings. While Kambo is generally safe when used responsibly, it commands respect due to potential contraindications. For this reason, we ask you to fill out this form, ensuring we can provide the safest and most beneficial experience possible.

Personal History

Have you sat with Kambo before? How many times? How did it go?

Why are you sitting with Kambo? What is your intention?

Medical History:

Have you ever experienced any of the following medical conditions? (Please check all that apply)

☐ Heart conditions or cardiovascular issues

☐ Heart attack or Stroke

☐ High or low blood pressure

☐ Blood clotting disorders

☐ Nursing

☐ Chronic or severe respiratory conditions

☐ Diabetes

☐ Epilepsy or seizures

☐ Organ transplant

☐ Pregnant

☐ Autoimmune disorders

☐ Liver or kidney problems

☐ Compromised immune system

☐ Recent surgeries or medical procedures

☐ None

Explanation for any checked medical conditions:

Medications and Supplements:

Contraindicated Medications and Interactions with Kambo: Check the box next to any medication that you have taken within the last 4 weeks:

Antidepressants: Please list any of the following medications you've taken in the last 4 weeks

☐ Nardil (Phenelzine)

☐ Parnate (Tranylcypromine)

☐ Marplan (Isocarboxazid)

☐ Emsam (Selegiline - transdermal patch)

☐ Eldepryl (Selegiline - oral)

☐ None

Other:

Antipsychotic medications: Please list any of the following medications you've taken in the last 4 weeks

☐ Abilify (Aripiprazole)

☐ Zyprexa (Olanzapine)

☐ Risperdal (Risperidone)

☐ Seroquel (Quetiapine)

☐ Invega (Paliperidone)

☐ None

Other:

Initial Here:

Medication and Supplements (continued)

Anti-anxiety medications: Please list any of the following medications you've taken in the last 4 weeks

- | | | |
|---|--|---|
| <input type="checkbox"/> Xanax (Alprazolam) | <input type="checkbox"/> Ativan (Lorazepam) | <input type="checkbox"/> Librium (Chlordiazepoxide) |
| <input type="checkbox"/> Valium (Diazepam) | <input type="checkbox"/> Klonopin (Clonazepam) | <input type="checkbox"/> None |

Other:

Immunomodulators: Please list any of the following medications you've taken in the last 4 weeks

- | | | |
|--|--|--|
| <input type="checkbox"/> Humira (Adalimumab) | <input type="checkbox"/> Remicade (Infliximab) | <input type="checkbox"/> Rituxan (Rituximab) |
| <input type="checkbox"/> Enbrel (Etanercept) | <input type="checkbox"/> Stelara (Ustekinumab) | <input type="checkbox"/> None |

Other:

Hormonal medications (e.g., hormone replacement therapy, birth control pills, etc.): Please list any of the following medications you've taken in the last 4 weeks

- | | | |
|--|---|---|
| <input type="checkbox"/> Premarin (Conjugated Estrogens) | <input type="checkbox"/> Depo-Provera (Medroxyprogesterone Acetate) | <input type="checkbox"/> Prometrium (Micronized Progesterone) |
| <input type="checkbox"/> Ortho Tri-Cyclen (Ethinyl Estradiol and Norgestimate) | <input type="checkbox"/> AndroGel (Testosterone Gel) | <input type="checkbox"/> None |

Other:

Pain medications (e.g., opioids, analgesics, etc.): Please list any of the following medications you've taken in the last 4 weeks

- | | | |
|--|---|--|
| <input type="checkbox"/> OxyContin (Oxycodone) | <input type="checkbox"/> Percocet (Oxycodone and Acetaminophen) | <input type="checkbox"/> Ultram (Tramadol) |
| <input type="checkbox"/> Vicodin (Hydrocodone and Acetaminophen) | <input type="checkbox"/> Tylenol #3 (Acetaminophen and Codeine) | <input type="checkbox"/> None |

Other:

Cardiovascular medications: Please list any of the following medications you've taken in the last 4 weeks

- | | | |
|---|--|--|
| <input type="checkbox"/> Lipitor (Atorvastatin) | <input type="checkbox"/> Plavix (Clopidogrel) | <input type="checkbox"/> Metoprolol (Metoprolol) |
| <input type="checkbox"/> Norvasc (Amlodipine) | <input type="checkbox"/> Lisinopril (Lisinopril) | <input type="checkbox"/> None |

Other:

Supplements & Over The Counter Medications

Please check all supplements and medications you have used within the last 4 weeks

- | | |
|---|---|
| <input type="checkbox"/> Decongestants (e.g., pseudoephedrine, phenylephrine) | <input type="checkbox"/> Non-Steroidal Anti-Inflammatory Drugs (NSAIDs like ibuprofen, naproxen) |
| <input type="checkbox"/> Nicotine Replacement Products (Cigarettes, nicotine patch, vape, mapacho, Rape, snuff) | <input type="checkbox"/> Blood thinners (Aspirin, ginkgo biloba, turmeric, curcumin, St. John's Wort, feverfew) |
| <input type="checkbox"/> Caffeine-containing Products (coffee, pre-workout supplements) | <input type="checkbox"/> None |

Other:

Mental & Emotional Health History:

Warning: Individuals with a history of psychosis, schizophrenia, bipolar disorder with active mania, and acute suicidal ideation should exercise caution and consult with a qualified healthcare professional before using Kambo due to potential risks and interactions.

Have you ever been diagnosed with any mental health conditions? If yes, please provide details:

- ☐ No
- ☐ Yes, I have been diagnosed with the following mental health conditions:

Explanation:

Have you experienced any significant emotional or psychological challenges recently?

- ☐ No
- ☐ Yes, I have experienced the following emotional/psychological challenges recently

Explanation:

Are you currently seeing a mental health professional or therapist? If yes, please provide details:

- ☐ No
- ☐ Yes, I am currently seeing the following mental health professional/therapist

Explanation:

Initial Here:

General Health:

Are you generally in good health and free from any acute illness or infections?

- ☐ Yes, I am in good health
☐ No, I have the following acute illness or infection:

Explanation:

List all recreational drugs you've used in the last 4 weeks.

- ☐ No
☐ Yes, I have a history of drug or substance abuse

Explanation:

Do you have any dietary restrictions or preferences that we should consider during the ceremony?

- ☐ No
☐ Yes, I have the following dietary restrictions or preferences

Explanation:

List all psychedelic and entheogenic medicines you've sat within the last 4 weeks

Are you currently on a restrictive diet or fasting plan?

- ☐ No
☐ Yes, I am on the following restrictive diet or fasting plan:

Explanation:

Are you physically and mentally prepared to undergo the Kambo ceremony?

- ☐ Yes, I am prepared
☐ No, I have the following concerns

Explanation:

Is there anything else you believe is important for us to know about your health and well-being?

- ☐ No
☐ Yes, I would like to share the following information:

Explanation:

Please list all allergies (food & medicine)

Consumption Guidelines for a Safe and Empowering Kambo Ceremony

As you prepare for your Kambo ceremony, ensuring your body is in condition is essential for a profound and transformative experience. Follow these dietary guidelines **10 days leading up to the ceremony**:

Intention & Mindfulness Work: Focus on your intention by engaging in activities such as self-reflection, meditation, journaling, and time in nature or other practices that prepare you mentally and emotionally for the transformative journey.

Hydration: Stay well-hydrated by drinking ample water and herbal teas. Proper hydration helps the body eliminate toxins and promotes overall well-being during the cleansing process. Replace caffeinated and sugary drinks with water. Drink, drink, drink.

Social Detox: Do your best to reduce screen time, local news, world events, social media engagement and time spent in the company of those who trigger you.

Wholesome Nutrition: Prioritize nutrient-rich foods, including fresh fruits, vegetables, whole grains, and lean proteins. These foods nourish your body, providing essential vitamins and minerals.

Avoid Toxins: Steer clear of alcohol, tobacco, processed foods, caffeine and all contraindicated supplements and medications listed above. These substances may interfere with Kambo's effects and cloud your experience.

Electrolyte Balance and Hydration for Heart Health: Ensuring proper electrolyte balance is not only crucial for hydration and muscle function during the Kambo ceremony but also supports your heart's well-being.

Consider supplementing with Electrolyte capsules or drinking a 32 oz Gatorade the night before the ceremony to maintain heart health and promote a healthy heart rhythm.

Pre-Ceremony Fast: Fast for at least 12 hours before the ceremony to create a receptive and focused mindset. Drinking only water or beverages high in electrolytes.

By following these dietary guidelines, you can optimize your body's receptiveness to Kambo's healing wisdom, paving the way for a safe, profound, and empowering ceremony while ensuring that your physical health isn't compromised. Trust in the process, and embrace the transformative experience that awaits you.

Initial Here:

Avoidance of Drugs and Alcohol, tobacco, Including Cannabis, Ayahuasca, and Bufo:

During the preparation for the Kambo ceremony, it is of utmost importance to avoid the use of any recreational or street drugs, including alcohol, Cannabis, Ayahuasca, and Bufo (also known as 5-MeO-DMT). These substances can have significant interactions with Kambo and may pose serious risks to your health and overall experience. Here's why it is crucial to abstain from these substances:

Safety Concerns: Combining Kambo with drugs, including cannabis, alcohol, Ayahuasca, or Bufo can lead to unpredictable interactions. These substances can affect the nervous system, alter consciousness, and potentially interfere with the purging and healing processes initiated by Kambo. The combination may also put unnecessary strain on your body and heighten the risk of adverse reactions.

Clarity and Receptiveness: Kambo is a powerful purgative and spiritual medicine on its own. To fully benefit from its healing properties, it is essential to approach the ceremony with a clear and focused mind. Using other substances, such as cannabis, before or during the Kambo ceremony can cloud your perception and hinder your ability to fully connect with the medicine and its wisdom.

Physiological Impact: Cannabis and other drugs can have varying effects on the body, including altering heart rate, blood pressure, and respiratory functions. Combining these substances with Kambo, which also affects these physiological parameters, may lead to severe and potentially dangerous reactions.

Energetic Alignment: Kambo works with your body's energy system to facilitate healing on physical, emotional, and spiritual levels. The presence of other substances, including cannabis, can disrupt this energetic alignment, making it challenging for Kambo to work optimally and provide you with the intended benefits.

Respect for the Ceremony: Participating in a Kambo ceremony is a sacred and transformative experience. Showing reverence and respect for the ceremony involves approaching it with an open heart and mind, free from the influence of mind-altering substances, including cannabis. This mindset allows you to fully immerse yourself in the process and gain the most profound insights and healing.

Holistic Healing: Kambo offers a holistic approach to healing, addressing both physical and emotional aspects of your being. Using drugs, including cannabis, or alcohol can be counterproductive to this process as it may suppress emotions or hinder the body's natural ability to purge toxins and heal.

In the interest of your safety and the integrity of the Kambo ceremony, we strongly advise that you abstain from the use of drugs, including cannabis, alcohol, Ayahuasca, and Bufo for at least three days before and after the ceremony. It is essential to approach the experience with openness, authenticity, and a willingness to engage in deep self-reflection and transformation.

Release Waiver

If you have any questions or concerns about this guideline or any other aspect of the Kambo ceremony, please feel free to reach out to us. Your well-being is our top priority, and we are here to support you throughout this transformative journey with Kambo.

I, _____, understand that participating in the Kambo ceremony carries inherent risks, which include:

Physical Reactions: Kambo may induce intense physical purging, such as vomiting, diarrhea, sweating, and shaking, as part of the cleansing process.

Emotional, Psychological & Spiritual Responses: Kambo can trigger intense emotional and psychological experiences and may involve spiritual introspection.

Cardiovascular and Respiratory Effects: Temporary fluctuations in heart rate and blood pressure may occur.

Allergic Reactions: While rare, allergic reactions to Kambo can occur.

Infection Risks: The application involves superficial burns with a potential risk for mild infections.

Potential for Serious Medical Complications: There is a remote possibility of serious medical complications, including, in extremely rare instances, death.

By signing, I affirm that I fully understand and voluntarily accept these risks. I confirm that I have provided complete and honest answers to all questions regarding my medical and psychological history and current condition. I take full responsibility for my decision to participate and for disclosing all relevant medical information.

I understand that Kambo is a powerful purgative and spiritual medicine, not a substitute for medical treatment or professional therapy. I will continue to seek appropriate medical care for any ongoing health conditions.

By participating in the Kambo ceremony, I agree not to hold Anthony Collova, Kambocoach.com, their associates, or the location where the ceremony is held liable for any outcomes, reactions, or events that may occur before, during, or after the ceremony. I hereby release the facilitator from all liability arising from my participation

Signature

Date

Please read and understand this form carefully before signing. Discuss any questions or concerns with us before proceeding with the Kambo ceremony. Your health and safety are our top priorities.

Anthony Collova

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