



MUAISA HALE PULE MEDICAL APPLICATION FOR WORK WITH SACRED PLANTS

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First Name: _____ Last Name: _____

Home phone: _____ Mobile Phone: _____

Email: _____

Permanent Home Address, including postal code and country:

Date of Birth: ____ day ____ mo ____ year Gender _____ Age: ____ (must be 18+)

U.S. Citizen ____ Resident ____ Alien ____ Other (Specify): _____

Relationship status: [☐] Single [☐] Married [☐] Divorced [☐] Separated [☐] Partnered [☐] Living Together

Emergency Contact: _____ Relationship: _____

Address: _____ Tel: _____:

MEDICAL INFORMATION

The sacred plants we use in our ceremonies are psychoactive entheogens (literally: “becoming divine within”). They are non-addictive and do not interfere with “mental clarity.” Like with pharmacologically active substances, however, they are **not for everyone**. Most people can use these plants safely in recommended amounts. Nevertheless, participants should be well informed of the potential risks.

CAUTION: Because the plants we use are 100% natural (as opposed to chemical compounds that can be patented for profit) very little scientific research has been performed on their attributes. It is, however, generally accepted that the psychoactive compounds in the sacred plants we offer can interact with the conditions and prescription medications listed below.:

Please DO NOT USE these plant sacraments if you are:

- [☐] Under 18 years of age,
- [☐] Pregnant or breastfeeding,
- [☐] Suffering from depression or bipolar disorder,
- [☐] Subject to liver disease or an existing liver condition,
- [☐] Having surgery in 3-4 days after use (to insure that there is no interaction with the anesthesia),
- [☐] Taking any of the following medications:

- Antiretroviral medicines used to treat HIV/AIDS
- Medications used to treat Parkinson's disease.
- Prescription monoamine oxidase inhibitors (MAOIs)
- Benzodiazepines and/or barbiturates that treat anxiety
- Anti-depressants, SSRIs, sleep aids, cardiovascular drugs, or diet pills

Consume absolutely NO alcohol or Tylenol® for 12-24 hours before or after the ceremony.

It is important that you be aware that the list of contraindicated substances includes, but is not limited to, SSRIs, Demerol, cold medication, decongestants, sinus medication, nasal sprays, hay fever medications, diet pills, amphetamines, MDMA or ecstasy, cocaine, heroin, and crack. If you have been using any drugs -- medical, over the counter, or street -- please advise us prior to attending any ceremony to discuss this matter further.

People who are suffering from conditions like heart problems, or are susceptible to panic attacks, depression or anxiety, should not take any psychedelics. Please answer the following questions as completely and honestly as possible. Your responses will remain strictly confidential.

Do you suffer from or have a past or current history of any of the following? (Circle all that apply.)

- Yes No Cardiovascular disease, including heart attacks
- Yes No High / Low Blood Pressure
- Yes No Mental illness / Hospitalizations for psychiatric reasons
- Yes No Recent surgery
- Yes No Past or recent physical injuries, fractures or dislocations
- Yes No Glaucoma
- Yes No Retinal detachment
- Yes No Recent or current infectious or communicable diseases
- Yes No Epilepsy
- Yes No Asthma
- Yes No Diabetes (Type 1 or 2)
- Yes No Other- Including symptoms which affect:
 - Yes No Head / neck
 - Yes No Eyes, ears, nose or throat
 - Yes No Lungs
 - Yes No Skin
 - Yes No Intestines / bowels / digestion
 - Yes No Back
 - Yes No Bladder or kidneys
 - Yes No Chest / heart
 - Yes No Circulation
 - Yes No Ability to sleep

Please elaborate on any yes answers above, and tell us if there is anything about any specific symptoms, disabilities, medical conditions or anything else about your physical or emotional health that we should be aware of:. (Attach additional pages if necessary) _____

Have you ever been hospitalized for medical OR psychiatric reasons? (Please elaborate and attach additional pages if necessary) _____

Please list all medications (including dosage and frequency) that you are taking or have taken in the past 12 months. List all prescribed or over the counter. *****Please note: It is imperative that you provide an accurate and detailed list of medications, as the ceremonial plants can dramatically increase the effects of certain meds to the point of becoming dangerous*****

List any supplements (herbs or vitamins) that you have taken regularly in the past 2 months. *****Please note: It is imperative that you provide a complete list of any supplements taken regularly, as the ceremonial plants can dramatically increase the effects of certain supplements to the point of becoming dangerous.****

List any recreational substances that you have taken over the past 12 months. (Including alcohol and marijuana) Please include amount and frequency of use. *****Please note: It is imperative that you provide an accurate and detailed list of recreational substances used as the ceremonial plants can interact with certain recreational substances in a way that can be dangerous.*****

12. List any allergies and elaborate. Be advised that there are ***cats*** and free-range ***chickens*** on property, and we are surrounded by ***jungle***, have ***pollen*** and burn ***incense*** in ceremony. By signing this form and applying to participate with us, you acknowledge that you have read this information, that you are solely in charge of and responsible for your own health and wellbeing, and that you take full responsibility to guard against any possible allergic reaction(s) you may have while on property without holding Muaisa Hale Pule or anyone other than yourself responsible in any way.

Check any food requirements you may have ☐ Vegan ☐ Vegetarian ☐ Gluten-free ☐ Other _____

I hereby confirm that I have read and understood the above information, that I have answered all the questions as honestly and completely as possible, that I have not withheld any information, and that I take full responsibility for any physical, emotional and/or mental disturbances that may occur.

I HAVE READ, UNDERSTAND AND TAKEN TIME TO CONSIDER AND ANSWER THESE QUESTIONS AS ACCURATELY AS POSSIBLE. I SIGN THIS AGREEMENT VOLUNTARILY.

Name (please print) _____

Signature: _____ Date: _____