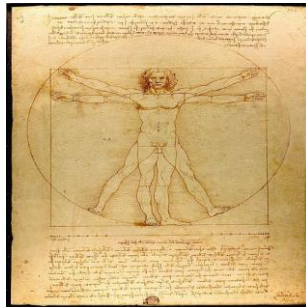


Screening Questionnaire



Page 1 of 4

Please read carefully

This document also serves as a written informed consent and is considered a **legally binding document** once signed and the applicant accepted for the experience. Please initial each page individually and ask for assistance if anything is unclear.

No fees are due before an applicant is accepted for the experience and no contract shall exist before fees have been fully paid.

No persons under the age of 16 years are permitted to participate in the Ibogaine experience, unless specifically requested to do so in writing by and with full participation of parents or guardians.

Note: Prior to acceptance, the following medical tests must be obtained by yourself and at your own cost. A written report by a recognized laboratory/doctor must be submitted before any applicant will be considered for the experience. (We have contracted a doctor to perform these tests as well as interpret results at a reasonable cost. Please ask if you need assistance with this).

- Stress ECG
- U & K (Kidney function)
- Liver function
- A pregnancy test if female.

Personal Information

Surname:		First Name(s):	
Sex:		ID Number:	
Age:		Nationality:	
Physical Address & Code:		Postal Address & Code:	
Tel (Cell):	Tel (W):	Tel (H):	
e-mail Address			
Occupation:			
Name & Address of Employer:			
Next of kin Name & Surname:		Tel:	
Physical Address & Code:	Tel (Cell):		
	Tel (Work):		
	Tel (Home):		
Name of Doctor:		Tel:	

Name of Psychiatrist/ Psychologist:		Tel:	
Are you currently awaiting trial for drug-related charges?			
In a short description, what is your purpose or personal goal with the experience?			

M e d i c a l H i s t o r y

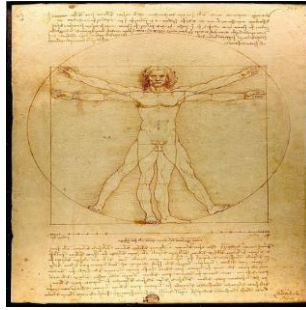
Do you have or have you had any of the following conditions (yes / no / don't know):			
Psychosis / Psychiatric disorders (detail if yes):			
Conditions requiring chemotherapy:			
Hepatitis C:		Other liver disorders:	
High/low blood pressure:		Kidney disorders:	
Cardiac Conditions:		Pregnancy:	
Asthma or emphysema:		Tuberculosis:	
Diabetes:		Allergies:	
Active stomach ulcers:		Surgery of the GIT (Gastro Intestinal Tract):	
Write more details if space above is not enough (i.e. dates, hospitalization, episodes, etc.)			
Exact weight (it is important that you must not estimate your weight, as your specific dose will be weighed according to your weight)			

H i s t o r y o f d r u g u s a g e / D e p r e s s i o n & A n x i e t y / c o m p u l s i v e d i s o r d e r s

List all legally prescribed or over the counter drugs that you have used in the past month (Include by whom and for what purpose?), including drugs for psychiatric disorders:

Drugs of abuse /Condition(s) - Compulsive Disorders / Depression & Anxiety:

Primary drug/Condition		Method of intake	
Secondary drug/ Condition		Method of intake	
Age when you / it started:		When did you realize you had no control?	



Presently, what are the resulting problems of your addiction / condition(s)?	
What is your family's attitude towards your addiction / condition(s)?	

List all experiences in other rehab or treatment programmes here:

Date From	Date To	Programme/Centre	Time Clean

Informed Consent (please write yes or no, don't tick)

Are you considering the Ibogaine option by your own choice?	
Have you been explained what procedure will be followed?	
Have you been told what to expect from the experience?	
Have you been told what not to expect from the experience?	
Have you been informed that continued drug use after Ibogaine can cause serious risk or possible death?	
Have you been informed of the adverse effects?	
Have you been made aware of the risks of the experience?	
Have you been told at what time to stop using drugs before your experience?	

I n d e m n i t y

I,		ID no.:	
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hereby declare that all of the above information is correct and that no information has been omitted on purpose or otherwise. I hereby give my consent that Magalies Wellness Centre, its members, employees or service providers may contact my doctor and/or psychiatrist, should any information be required and that they may give any such relevant information upon request. I also understand that it is my duty to inform the principal members of The Ibogaine Therapy center and its associates

if any of the above information changes or becomes invalid between this day and the day of my experience.

I understand that all of the above information is strictly confidential and that it will stay in the possession of Magalies Wellness Centre, and will only be released to a third party upon my written consent or by a court order.

I also declare that I am fully aware of the risks and benefits of the procedure and that Magalies Wellness Centre, its members, employees or service providers will not be held responsible for any unforeseen damage, injury or negative effects to myself or my personal belongings while in its care or after I left its care, whether it be by mistake or by negligence.

In the case of my being accepted for the procedure, I hereby give my consent to Magalies Wellness Centre, its members, employees or service providers perform the procedure on me as they see fit, to treat me for any adverse reactions to the best of their capabilities if they arise, and to seek medical help, should they deem it necessary. I also understand that I can choose to terminate the procedure at any time, should I wish to do so.

I also understand that once I have paid the prescribed fees, no portion of it will be returned under any circumstances, and that, should I choose to do so, I will be allowed to reschedule my experience only once within six months. I undertake to follow the house rules as is presented from time to time and accept that some rules, when broken, may lead to expulsion from The Ibogaine treatment center without the option of a refund. If the experience or well-being of other occupants of Magalies Wellness Centre has been negatively influenced due to my behavior, I may be held responsible and liable for the full cost of their re-treatment.

Signed at		on this		day of		20
Print Name:		Signed:				
Witness 1:		Witness 2:				