Simorgh Within Retreat

Comprehensive Medical, Psychiatric & Participant Intake Form

Confidential Participant Assessment

Welcome to Simorgh Within. This form is designed to help us create a safe, supportive, and transformative retreat experience. Because the retreat may include meditation, somatic practices, movement, nature immersion, community sharing, and optional sacred journey experiences, it is important that we understand your medical history, psychological well-being, intentions, and support needs.

Please answer all questions honestly and completely. All information will be kept strictly confidential and reviewed only by the retreat's designated facilitators and medical team.

SECTION 1: PERSONAL INFORMATION

Full Name: _____

Preferred Name: _____

Date of Birth: _____

Age: _____

Email Address: _____

Phone Number: _____

City/State/Country: _____

Occupation: _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Email: _____

SECTION 2: RETREAT INTENTIONS

What inspired you to attend Simorgh Within?

What are your primary intentions for this retreat?

(Check all that apply)

☐ Emotional healing

☐ Spiritual growth

☐ Self-discovery

☐ Personal transformation

☐ Grief processing

☐ Stress reduction

☐ Trauma healing

☐ Creativity

☐ Community and connection

☐ Life transition support

☐ Deepening mindfulness practice

☐ Other: _____

What are you hoping to receive from this experience?

What gifts, strengths, or wisdom do you hope to bring to the group?

SECTION 3: MEDICAL HISTORY

Have you ever been diagnosed with:

Cardiovascular

☐ High blood pressure

☐ Low blood pressure

☐ Heart disease

☐ Coronary artery disease

☐ Arrhythmia

☐ Atrial fibrillation

☐ Heart failure

☐ Heart murmur

☐ Prior heart attack

☐ Prior stroke

☐ None

Details:

Neurological

☐ Seizure disorder

☐ Epilepsy

☐ Migraines

☐ Traumatic brain injury

☐ Concussion with lasting symptoms

☐ Brain surgery

☐ None

Details:

Respiratory

☐ Asthma

☐ COPD

☐ Sleep apnea

☐ Other respiratory condition

☐ None

Details:

Endocrine / Metabolic

☐ Diabetes

☐ Thyroid disorder

☐ Adrenal disorder

☐ Obesity

☐ None

Details:

Gastrointestinal

☐ Irritable bowel syndrome

☐ Inflammatory bowel disease

☐ Liver disease

☐ Chronic nausea/vomiting

☐ Other digestive condition

☐ None

Details:

Autoimmune / Immune Disorders

☐ Lupus

☐ Rheumatoid arthritis

☐ Multiple sclerosis

☐ Other autoimmune condition

☐ None

Details:

Cancer History

☐ No history of cancer

☐ Prior cancer

☐ Current cancer

Details:

Other Medical Conditions

SECTION 4: CURRENT MEDICATIONS

Prescription Medications

Medication Dose Reason

Psychiatric Medications

☐ SSRI

☐ SNRI

☐ Tricyclic antidepressant

☐ MAOI

☐ Mood stabilizer

☐ Antipsychotic

☐ Benzodiazepine

☐ Stimulant

☐ Sleep medication

☐ None

Please list names and doses:

_____

_____

Supplements, Herbal Products & Natural Medicines

_____

_____

_____

SECTION 5: MENTAL HEALTH HISTORY

Have you ever been diagnosed with:

☐ Depression

☐ Anxiety Disorder

☐ Panic Disorder

☐ PTSD

☐ Complex PTSD

☐ OCD

☐ ADHD

☐ Eating Disorder

☐ Substance Use Disorder

☐ Bipolar I Disorder

☐ Bipolar II Disorder

☐ Personality Disorder

☐ Schizoaffective Disorder

☐ Schizophrenia

☐ Other: _____

☐ None

Details:

SECTION 6: MENTAL HEALTH TREATMENT HISTORY

Have you ever:

☐ Seen a therapist

☐ Seen a psychiatrist

☐ Participated in an Intensive Outpatient Program (IOP)

☐ Participated in residential treatment

☐ Been hospitalized for psychiatric reasons

☐ None

Details:

SECTION 7: SCREENING FOR MANIA & PSYCHOSIS

Have you ever experienced any of the following?

☐ Hearing voices others could not hear

☐ Seeing things others could not see

☐ Delusional beliefs

☐ Significant paranoia

☐ Episodes of feeling invincible or unusually powerful

☐ Needing little sleep for several days without fatigue

☐ Excessive energy lasting several days

☐ Impulsive or risky behaviors during elevated mood states

☐ Racing thoughts lasting days to weeks

☐ None

Details:

SECTION 8: FAMILY PSYCHIATRIC HISTORY

Have any biological relatives been diagnosed with:

☐ Bipolar Disorder

☐ Schizophrenia

☐ Schizoaffective Disorder

☐ Psychosis

☐ Major Depression

☐ Suicide

☐ Substance Use Disorder

☐ Unknown

☐ None

Relationship(s):

SECTION 9: TRAUMA HISTORY

Have you experienced:

☐ Childhood abuse

☐ Sexual trauma

☐ Physical assault

☐ Domestic violence

☐ Medical trauma

☐ Sudden loss of a loved one

☐ Other significant trauma

☐ Prefer not to answer

Would discussing traumatic experiences likely feel overwhelming right now?

☐ Yes

☐ No

☐ Unsure

SECTION 10: SUICIDE & SAFETY SCREENING

Have you ever experienced thoughts of suicide?

☐ Never

☐ In the past but not currently

☐ Within the past year

☐ Within the past month

Have you ever attempted suicide?

☐ No

☐ Yes

Details:

Are you currently experiencing thoughts of self-harm or suicide?

☐ No

☐ Yes

Details:

SECTION 11: SUBSTANCE USE HISTORY

Alcohol

☐ Never

☐ Rarely

☐ Socially

☐ Weekly

☐ Daily

Cannabis

☐ Never

☐ Occasionally

☐ Regularly

☐ Daily

Other Substances Used (Current or Historical)

☐ MDMA

☐ Cocaine

☐ Ketamine

☐ Opioids

☐ Benzodiazepines

☐ Methamphetamine

☐ Other: _____

Please explain:

SECTION 12: PSYCHEDELIC HISTORY

Have you used any of the following?

☐ Psilocybin Mushrooms

☐ LSD

☐ Ayahuasca

☐ DMT

☐ Mescaline / Peyote / San Pedro

☐ MDMA

☐ Ketamine

☐ Iboga / Ibogaine

☐ Other: _____

☐ None

Please provide details for psychedelic experiences within the last 5 years.

Substance	Date of Most Recent Use	Approximate Number of Lifetime Experiences	Setting (Clinical / Retreat / Ceremony / Personal / Other)	Location	Dose (if known)

Date of your most recent psychedelic experience (any substance)

Have you used any psychedelic substance within the past:

☐ 30 days

☐ 60 days

☐ 90 days

☐ 6 months

☐ 1 year

☐ More than 1 year ago

☐ Never

What was the primary purpose of your most recent psychedelic experience?

☐ Personal growth

☐ Spiritual exploration

☐ Healing or trauma work

☐ Clinical treatment

☐ Recreational use

☐ Curiosity

☐ Other: _____

Who facilitated or guided your most recent psychedelic experience?

☐ Licensed healthcare professional

☐ Trained facilitator

☐ Indigenous or ceremonial practitioner

☐ Friend or acquaintance

☐ Self-guided

☐ Other: _____

Did you participate in preparation and integration before and after your most recent experience?

☐ Yes

☐ No

☐ Partially

Details:

Have you ever experienced any of the following during or after a psychedelic experience?

☐ Panic or overwhelming fear

☐ Severe anxiety

☐ Dissociation

☐ Persistent depression

☐ Paranoia

☐ Psychosis

☐ Mania

☐ Suicidal thoughts

☐ Flashbacks

☐ Hallucinogen Persisting Perception Disorder (HPPD)

☐ Hospitalization

☐ Emergency medical treatment

☐ None of the above

Details:

Did any psychedelic experience result in emotional or psychological difficulties lasting longer than one month?

☐ No

☐ Yes

Details:

Have you ever felt pressured, coerced, or emotionally manipulated into participating in a psychedelic experience?

☐ No

☐ Yes

Details:

What insights, benefits, or positive outcomes have you experienced from psychedelic work?

Is there anything unresolved from a previous psychedelic experience that you hope to revisit, understand, or integrate during this retreat?

SECTION 13: SACRED JOURNEY PARTICIPATION SCREENING

Are you interested in participating in the optional sacred journey experience?

☐ Yes

☐ No

☐ Unsure

What calls you toward this experience?

What concerns or fears do you have regarding this experience?

Please check any that apply:

☐ Current psychotic disorder

☐ History of psychotic disorder

☐ Bipolar I Disorder

☐ Active suicidal ideation

☐ Unstable medical condition

☐ Uncontrolled hypertension

☐ Pregnancy

☐ Breastfeeding

☐ Recent psychiatric hospitalization

☐ None of the above

SECTION 14: EMOTIONAL RESILIENCE & SUPPORT

How would you describe your current emotional stability?

☐ Very stable

☐ Mostly stable

☐ Moderately challenged

☐ Significantly challenged

How supported do you feel in your life right now?

☐ Very supported

☐ Moderately supported

☐ Minimally supported

☐ Isolated

Are you currently experiencing any major life transitions or stressors?

☐ Relationship change or divorce

☐ Grief or bereavement

☐ Career transition

☐ Financial stress

☐ Caregiver responsibilities

☐ Major illness

☐ None

Details:

Is there anything the facilitators should know to help you feel safe, supported, and included?

Are there any physical limitations, mobility concerns, or accessibility needs we should be aware of?

SECTION 15: RETREAT READINESS

Why do you feel this is the right time for you to attend Simorgh Within?

What support would help you feel most safe and successful during this retreat?

On a scale of 1–10, how prepared do you feel for a potentially deep emotional or psychedelic experience?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Please explain:

SECTION 16: PARTICIPANT AGREEMENTS

Please initial each statement:

_____ I certify that the information provided is complete and accurate to the best of my knowledge.

_____ I understand that Simorgh Within is not a substitute for medical, psychiatric, or psychological treatment.

_____ I understand that participation in any sacred journey-related experience is voluntary.

_____ I agree to inform retreat facilitators of any significant changes in my medical or psychological health before the retreat.

_____ I agree to maintain confidentiality regarding the personal experiences shared by other participants.

_____ I understand that retreat fees are non-refundable and registrations are final.

_____ I agree to take responsibility for my physical, emotional, and psychological well-being throughout the retreat.

Signature

Participant Name: _____

Signature: _____

Date: _____