**IBOGREEN**

**Playas, Tijuana, MX**

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You do not have to provide any information you do not wish to disclose. If there are any sections you want to omit, just leave those sections blank. The asked questions are not intended for judgment or direction oriented purposes. They help me to be aware of personalities, relational patterns and time associations.

**General Information**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Age: \_\_\_\_\_\_\_\_\_\_\_

ph: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Dates of attending IboGreen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Profession/Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many work related hours per week? \_\_\_\_\_\_\_

Length of time at current job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time at current job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hobbies/Sports/fun: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Therapy Related Information**

Reasons for seeking Ibogaine at this time? If for addiction, what do you sense are the reasons below the surface for using drugs and alcohol? If for PTSD, what are the main traumatic events that caused it?

**Issue 1**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Worst part about it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Issue 2**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Worst part about it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Issue 3**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Worst part about it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary emotion surrounding **Issue 1**: (Sad, guilt, fear, anger etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of emotional intensity: least (0-10) most \_\_\_\_\_\_\_\_

Where in your body do you feel the emotion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary emotion surrounding **Issue 2**: (Sad, guilt, fear, anger etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of emotional intensity: least (0-10) most \_\_\_\_\_\_\_\_

Where in your body do you feel the emotion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary emotion surrounding **Issue 3**: (Sad, guilt, fear, anger etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of emotional intensity: least (0-10) most \_\_\_\_\_\_\_\_

Where in your body do you feel the emotion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous therapy experience: Y \_\_\_\_\_\_ N \_\_\_\_\_\_

@ How many total sessions/months or years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

@ How many therapists? \_\_\_\_\_\_\_\_\_\_\_\_

If you have had previous therapy experience, what were your presenting issues? What did you gain from the therapy experience? Was anything not helpful?

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What are your current triggers for turning to drugs/alcohol and/or PTSD onset?

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Current Prescriptions and dosages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Food and/or drug allergies? Y \_\_\_\_\_\_ N \_\_\_\_\_\_\_ If yes, please explain? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alcohol use? Y\_\_\_\_\_\_ N\_\_\_\_\_\_\_ Drug use? Y \_\_\_\_\_\_ N \_\_\_\_\_\_\_

Frequency & amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency & amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you view alcohol/drugs as a problem? Y\_\_\_\_\_\_ N \_\_\_\_\_\_

If yes, when did the problem begin? At what approximate age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes have you had previous In-Patient recovery experience? Y\_\_\_\_\_\_ N \_\_\_\_\_­\_

Are drugs and/or alcohol intergenerational in your family? Y\_\_\_\_\_\_ N \_\_\_\_\_­\_

Do you and your partner use drugs together? Y \_\_\_\_\_\_ N \_\_\_\_\_\_\_

Do you and your partner use drugs together? Y \_\_\_\_\_\_ N \_\_\_\_\_\_\_

If yes, have you attended AA or NA? Y\_\_\_\_\_\_ N \_\_\_\_\_­\_

Was either of these routes helpful in your recovery? Y\_\_\_\_\_\_ N \_\_\_\_\_­\_

Why or Why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been in recovery for periods in your life? If so, how many months and/or years total? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many consecutive months and/or years have you experienced recovery? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relational Snapshot**

Are you currently in a relationship and/or married? Y\_\_\_\_\_\_ N \_\_\_\_\_\_

If yes, how many months/years have you been in this relationship? \_\_\_\_\_\_\_\_\_\_

If yes, what do you and partner do together for fun? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are two things you like about your partner?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of your longest relationship? \_\_\_\_\_\_\_\_\_\_\_\_\_

Is the longest relationship with your current partner? Y\_\_\_\_\_\_ N \_\_\_\_\_\_

Why did your previous relationship end? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have children? Y \_\_\_\_\_ N \_\_\_\_\_\_ Do you want to have children? Y\_\_\_\_\_ N \_\_\_\_\_\_

How many? \_\_\_\_\_\_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Do they live with you full time or do you share co-parenting? Please circle.

Full Time Co-parenting Other situation

Who currently lives in your home with you (partners, children, grandparents, friends, animals)?

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**Family History Snapshot**

Is the mother who raised you alive? Y\_\_\_\_\_\_ N\_\_\_\_\_\_

Is the father who raised you alive? Y \_\_\_\_\_\_ N \_\_\_\_\_\_

Do they live in nearby? Y\_\_\_\_\_\_ N\_\_\_\_\_\_

Are you adopted? Y\_\_\_\_\_\_ N\_\_\_\_\_\_

Do you have siblings? Y\_\_\_\_\_\_\_N\_\_\_\_\_\_

How many sisters? \_\_\_\_\_\_\_ How many brothers? \_\_\_\_\_\_\_\_

Do they live nearby? Y\_\_\_\_\_\_ N\_\_\_\_\_\_

How many close friends do you have? \_\_\_\_\_\_\_\_

Please list whom of the above people you view as having drug and/or alcohol problems?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any “family of origin” relationships with tension/friction in your life and/or members with whom you do not speak? If yes, does it bother you? Please briefly describe the situation:

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EMERGENCY CONTACT PERSON’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO SELF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES THIS PERSON KNOW YOU ARE USING IBOGAINE IN MEXICO?

Y\_\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_\_\_

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