Stella Moon Healing
KAMBO CLEANSING
Health Questionnaire

Name _____ DOB _____

Phone # _____ Email _____

By providing your email do you consent to receiving Stella Moon's Newsletter Yes ☐ No ☐

Emergency Contact _____

Do you suffer from any of the following:

Serious Heart Problems	Yes ☐	No ☐
Medicated low blood pressure	Yes ☐	No ☐
Abnormally high or low blood pressure	Yes ☐	No ☐
Strokes, Brain Hemorrhages, Aneurisms, Blood clots	Yes ☐	No ☐
Lack of the Mental Capacity to make decision to take Kambo	Yes ☐	No ☐
Undergoing Chemotherapy or Radiotherapy	Yes ☐	No ☐
Taking Immune-suppressants or organ transplant	Yes ☐	No ☐
Addison's Disease	Yes ☐	No ☐
Current and severe Epilepsy	Yes ☐	No ☐
Recovering from Major Surgical Procedures	Yes ☐	No ☐
Take immune-suppressants for autoimmune disorder	Yes ☐	No ☐
Serious eating disorder e.g. Bulimia or Anorexia	Yes ☐	No ☐
Active Drug addiction	Yes ☐	No ☐
Take regular high doses of slimming, serotonin &/or sleeping supplements	Yes ☐	No ☐
Fasted for more than a few days before Kambo	Yes ☐	No ☐
Liver or Kidney Problems	Yes ☐	No ☐
Asthma	Yes ☐	No ☐
Diabetes	Yes ☐	No ☐
Regularly consume diuretic medication or sports drinks	Yes ☐	No ☐
Have you had any Covid 19 vaccinations?	Yes ☐	No ☐

If yes, how many vaccines have you had & when was the date of the last one taken?

Have you noticed any health changes since taking the Covid19 vaccine(s)?

Please list current Medications/Supplements:

Females Only:

Are you pregnant or may be so, or breastfeeding a child under 6 months old Yes ☐ No ☐

Undergoing fertility treatment Yes ☐ No ☐

First day of your last moon cycle:

Other Considerations:

- We strongly advise agaist enemas, colonics, liver flushes or any water based detoxes within 5-7 days either side of taking Kambo
- People with asthma need to bring their inhaler with them
- diabetics need to bring insulin, testing strips & extra food with them
- Menstruation flow may increase for 24-36 hours following the Kambo treatment
- It is complete safe to continue to take any other medication, however please discuss beforehand
- DO NOT consume more than 4 liters of water during a single treatment (including 2 hours before & after).

Do you understand these considerations: Yes ☐ No ☐

Disclaimer:

I understand that IAKP practitioners are not medical doctors, nor any other form of medical practitioner.

I understand that IAKP practitioners do not diagnose disease, offer health advice, treat physical or mental issues, or prescribe medicine or pharmaceuticals.

I understand that any complementary therapy treatment which I receive is not a substitute for a medical or psychological diagnosis or treatment by a qualified medical practitioner.

I understand that is is recommended that I see such a practitioner for any physical or psychological problem I have now or in the future.

I further confirm that all the details provided are true & accurate.

I hereby release Stella Moon from all liability resulting from the use of equipment, materials, preparations, remedies or treatments and assume full responsibility for all risks regarding this treatment.

I confirm that I am of lawful age and fully understand the contents of this document.

Name (Printed) _____ Date Signed:

Signature _____ _____