



# AMAZON EXPEDITIONERS

## NOMADIC SURVIVAL EXPEDITIONS

### Medical Questionnaire

(We recommend you to answer all questions on this form with the best possible accuracy, since it will help our entire team to have a solid guide on how to assist you in making the best preventive decisions as needed, before, during and after your visit)

I, \_\_\_\_\_, born on \_\_\_\_\_, residing in \_\_\_\_\_, \_\_\_\_\_, expressly declare that the information described and indicated below in this questionnaire is sincere, sufficient and accurate (write in handwritten form).

**1.- Do you have any cardiovascular issues?**

Yes \_\_\_ No \_\_\_

Specify :

**2.- Do you have lung or respiratory problems (asthma, emphysema or other)?**

Yes \_\_\_ No \_\_\_

Specify :

**3.- Have you had surgery in the last 10 years?**

Yes \_\_\_ No \_\_\_

Specify :

**4.- Have you had a serious or significant illness in the last 5 years?**

Yes \_\_\_ No \_\_\_

Specify :

**5.- Have you suffered from depression or psychological instability in the last 5 years?**

Yes \_\_\_ No \_\_\_

Specify :

**6.- Are you currently taking any conventional or plant based medication?**

Yes \_\_\_ No \_\_\_

Specify :

**7.- Do you have diabetes?**

Yes \_\_\_ No \_\_\_

If you do, please explain:

**8.- Do you have kidney problems/failure?**

Yes \_\_\_ No \_\_\_

If you do, please explain:

**9.- Do you have liver problems (hepatitis, cirrhosis, steatosis or other)?**

Yes \_\_\_ No \_\_\_

Specify :

**10.- Do you suffer from psychotic states?**

Yes \_\_\_ No \_\_\_

If you do, please explain:

**11.- Do you consume one or more drugs on a regular basis?**

Yes \_\_\_ No \_\_\_

Specify type and frequency:

**12.- Are you currently taking one of these medications? Antidepressant (MAOI, Prozac, or anti malaria)**

Yes \_\_\_ No \_\_\_

Specify :

**13.- Have you suffered physical or emotional harm that has left you with a disability?**

Yes \_\_\_ No \_\_\_

If you do, please explain:

**14.- Any other medical concern(s) issues you need to point out (not mentioned in boxes 1 through 13)?**

**15.- Have you had any previous experience with any Amazonian plant medicine or other medicinal plants?**

Yes \_\_\_ No \_\_\_

Specify which one, frequency, and elaborate your previous experience please:

**16.- What are you seeking to achieve with Amazonian plant medicine during your upcoming trip with us?**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** The Amazon Expeditioners team never shares, nor will it share this private information with outside parties.



## **AMAZON EXPEDITIONERS**

**Departures & Arrivals Meeting Point**

JIRON NAUTA 737 - IQUITOS - PERU - SOUTH AMERICA

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**Amazon Survival Training Center**

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