



Microdosing

Name:
Phone:
Email:

Please describe your top 3 complaints (Ex. Depression, weight gain, spiritual connection, anger etc.)

1-
2-
3-

What is the over all intention the next 30 days?

In a typical day, how many hours do you spend doing the following:

Eating
Sleeping
Self-care
Working
Talking on the phone
Screen time (TV, Computer etc)

What is the quality of your sleep at night?

How would you describe your current diet?

How much caffeine do you consume daily?

What previous surgeries or major health concerns have you had in the last 20 years?

Are you currently taking any pharmaceutical medications?

If so, which ones and how often?

Are you missing any organs?

Have you taken any medicines, supplements or drugs in the last 3 days?

Have you taken any vaccines, flu shots etc in the last year? (please list)

Do you have any blood issues such as blood clots, high blood pressure etc?

Please share any other concerns:



Release of Liability

In consideration of the risk of injury while participating in CheyAnne's events, macrodosing mentorship, ceremonies or sessions, and as consideration for the right to participate in the activities, I _____ hereby, for myself, my heirs, executors, administrators, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the activity, and do hereby release and forever discharge any and all CheyAnne Curtis's affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economic or emotional loss, that I may suffer as a direct result of my participation in the aforementioned activity, including traveling to and from an event related to this activity.

I understand that in order to participate in the circle or mentorship safely, I was asked to follow a specific diet, and protocol, I agree I am omitting narcotics and alcohol for the time of our journey. My signature below is a sworn statement that I did not abuse drugs or alcohol prior to sitting in the sacred circle.

Signed

Date

*Please note that I am not licensed, certified, or registered as a provider of healthcare. The wellness services that I provide don't constitute any form of medical practice, and don't diagnose, treat, or offer health advice, nor prescribe medication. All material here is for educational purposes. It is recommended that you notify your primary care physician or licensed providers of healthcare of your intention to use other wellness services. It is also recommended that you ask your primary care physician or other licensed providers of healthcare about any potential drug interactions, side effects, risks, or conflicts between any medications or treatments prescribed by your primary care physician or other licensed providers of healthcare and the wellness services that you intend to receive.