



Application Form & Confidential Screening Form

I seek to participate in a Santo Daime Work. I understand that the Church desires to ensure the safety of all participants. I further understand that in order to assist in this regard, I agree to complete this **Application Form** and the **Confidential Medical History Form**. I am assured that the information obtained herein is used to determine if it is appropriate for the undersigned to participate in this Work. I further understand all information contained herein will remain strictly confidential.

Please **complete (fill in) every item** in every section. Mark N/A if any section is not applicable.

GENERAL INFORMATION (Please Print)

First name	Middle	Last
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Address (street)	
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(city)	(state, country)
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Cell phone	E-mail
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Birthdate	Occupation
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Emergency Contact	Relationship
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Address	Phone
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How did you learn about this Work? From whom?

Please state your personal reasons for seeking to attend a Santo Daime Work:

Please Print Information			
1. Have you been in counseling with a psychiatrist, psychologist or other counselor within the past two years?	Yes	No	
2. Do you have or have you ever had a substance abuse problem?	Yes	No	
3. Have you ever been hospitalized for a psychological or emotional problem?	Yes	No	
4. Are you currently in counseling and or treatment? If yes , please check reason(s) for counseling: Depression Divorce Family Issues Substance Abuse Suicide Academic / Career Other	Yes	No	
Primary Counselor's Name	Phone no.		
Counselor's Address			
5. Do you use:			
MAOIs (e.g., Parnate, Nardil)	Yes	No	If yes, how much/how often?
SSRIs (e.g., Prozac, Zoloft)	Yes	No	If yes, how much/how often?
Alcohol	Yes	No	If yes, how much/how often?
Amphetamines	Yes	No	If yes, how much/how often?
Opioids	Yes	No	If yes, how much/how often?
6. Are you allergic to cats?	Yes	No	
7. Are you pregnant or nursing?	Yes	No	
8. Have you ever been arrested and charged with a crime?	Yes	No	If yes, please provide information.
9. Are you taking any medications?	Yes	No	If yes, please list below.
Medication	How much / how often	For	Current side effects
10. Is there anything else about your physical or emotional status that we should be made aware?	Yes	No	



CASA DA CALMA
HOUSE OF CALM

Please use this space to elaborate on any "YES" answers provided above. Also, is there anything you want us to know about your gender, sexual preference and/or sexual history?

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The information provided above is a complete and accurate statement of the physical and psychological factors which may affect my participation in Works at Casa ca Calma. I realize that failure to disclose such information could result in serious harm to me and fellow participants and I agree to indemnify and hold harmless Casa da Calma if all relevant information is not disclosed. I also agree to notify the co-protectors of Casa da Calma of any changes in my health status.

Print Name

Electronic Signature	Date
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Name of Local Church