

Psychedelic Safety Questionnaire

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Taking this questionnaire is required before participating in any psychedelic related events or services with Jordan Wolan. The questionnaire could be used as a self-review for celebratory experiences, or may also be part of a structured psychedelic safety interview to participate in ongoing classes, psychedelic therapy, or events. Please return before your scheduled session or interview and contact Jordan Wolan with any questions.

A Few Notes about the Questionnaire:

Psychedelic experiences are very safe, but they are not for everyone. None of the questions, except the first one about pregnancy, will automatically disqualify you from participating in celebratory, growth oriented workshops, and spiritual group experiences called Conscious Cannabis Circles, Cannabis Healing Meditations, and other events with Jordan Wolan. This is an opportunity to discuss safety and help your facilitator create the necessary preparation and integration support so they can provide the safest and most appropriate container for your experience. Participation agreements and informed consent documents may also be required to participate in any private 1:1 and group Conscious Cannabis experiences with Jordan Wolan.

Although most experiences are positive and deeply meaningful, psychedelics often show us what we need to see, not what we always want to see. Therefore, being approved to participate in an experience does not guarantee an easy or enjoyable experience.

Contraindications (reasons not to participate in a psychedelic experience) are included in the specific service's participation agreement and listed throughout these questions. With the right support, private individual sessions or small groups can be facilitated to treat significant clinical concerns that might not be as safe to engage in a large group setting, or celebratory experiences.

In order to participate in any non-clinical event with Jordan Wolan you acknowledge that you have spoken with a medical doctor. If you have ANY concerns whatsoever about your physical or mental health please speak with your medical doctor who specializes in making this kind of assessment. If you have any concerns about your mental health, and your capacity to participate in any event safely, please speak with a licensed mental health practitioner that can support you in your decision making process as well.

To members of BIPOC, LGBTQ, and other marginalized communities who experience trauma caused by generational systems of oppression, none of these questions are intended to exclude you because of the ongoing traumas of racism and other forms of discrimination that you commonly face. Comments are provided under some of the questions to provide additional context about why certain questions are asked.

If you have any questions regarding your personal safety, or this assessment, you can email Jordan at: info@jordanwolan.com.

Again, our events are very safe, but they are not for everyone. Please be honest with yourself and us regarding your readiness for exploring psychedelic medicines. We are here to support you through this decision-making process. All information provided is confidential and stored in a HIPAA protected drive or secure filing system.

Contact Information

Name: _____

Age: _____

Email: _____

Please use same email you used on other forms

Phone #: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Emergency Contact Email: _____

Relationship to you: _____

Physical Safety

1. Are you pregnant or nursing?

Yes

No

Maybe

2. Do you have any food allergies, or are you sensitive to incense or essential oils? (In person events only)

(Please note: At the end of the session snacks may be provided to participants that usually includes orange juice, chocolate (sometimes with nuts), gluten free pretzels, and strawberries or grapes. You are responsible for informing the Facilitator(s) of any severe food allergies before the experience begins, and to take responsibility for any snacks you consume.)

Yes

No

If Yes, Please Describe:

3. Do you have any past or present medical conditions (either physical or mental health) that may affect your ability to safely participate in this program? A psychedelic experience is not appropriate for persons with cardiovascular problems, severe hypertension, severe mental illness, recent surgery or fractures, acute infectious illness, or epilepsy.

Yes

No

Maybe

If Yes or Maybe, Please Describe:

4. Do you have any past or present concerns around suicide or self-harm?

- Yes
- No

If Yes, Please Describe:

5. Are you currently on any medications, supplements or recreational drugs that could affect you safely participating in a psychedelic experience?

- Yes
- No
- Maybe

If Yes or Maybe, Please Describe:

6. Do you have a safe home environment and a generally stable residence, and are not subject to active or ongoing domestic violence?

(**Please note:** Homelessness and not having a safe space to return to after an experience may not provide the necessary setting for proper integration.)

- Yes
- No

If No, Please Describe:

7. Are you currently employed, a student, or otherwise financially stable?

- Yes
- No

If No, Please Describe:

Psychological Safety

8. Do you have a history of traumatic or difficult life events that have not been addressed or are not being supported therapeutically?

(**Please note:** Jordan Wolan specializes in hypnotherapy and transformational coaching. Severe, unprocessed trauma may indicate a need to start in a clinically supported setting, not in celebratory spaces. BIPOC, LGBTQ, and members of other marginalized communities who may experience ongoing traumas from discrimination are strongly encouraged to attend celebratory events. Addressing systemic traumas such as ones caused by generational systems of oppression is a primary focus of Jordan Wolan.)

Yes

No

If Yes, Please Describe:

9. Have you ever required significant treatment or been hospitalized for a psychological or emotional disorder or for any psychological or emotional reason?

Yes

No

If Yes, Please Describe:

10. Have you ever dealt with a pattern of unstable relationships that caused you significant distress?

Yes

No

If Yes, Please Describe:

11. Do you have a history of disruptive or violent physical, sexual, or emotional behavior?

Yes

No

If Yes, Please Describe:

12. Have you ever had extremely unusual or disconcerting thoughts or ideas, or extreme levels of energy (inability to sleep for days or racing thoughts, or alternatively extremely low energy) at any time, or after the effects of a psychedelic or cannabis should have worn off?

- Yes
- No

If Yes, Please Describe:

13. Have you ever seen or heard things or people that weren't there, at any time, or after the effects of a psychedelic or cannabis should have worn off?

- Yes
- No

If Yes, Please Describe:

14. Have you ever obsessed over an idea, conspiracy, or belief in a way that has caused difficulties in your life?

- Yes
- No

If Yes, Please Describe:

15. Do you ever feel extremely uncomfortable or anxious in group transformational processes?

(Please note: We recognize that BIPOC community members may feel uncomfortable in predominantly white spaces. This question is more about feeling unsafe in ANY group process because of significant social anxiety. Acute social anxiety may reduce your ability to relax in an inner personal journey experience and may indicate a need to start in an individual, clinical setting that provides additional support and privacy. You have a right to feel safe. Please let us know if you don't.)

- Yes
- No

If Yes, Please Describe:

16. Have you recently had a major transformational experience, with a psychedelic or otherwise, that feels almost complete but not quite, or unresolved?

(Please note: It has been our experience that this may mean you are primed for a transformational breakthrough so please increase your self care regimen and your personal support network.)

- Yes
- No

If Yes, Please Describe:

Psychedelic Safety

17. Have you ever had a severe, adverse reaction to using cannabis or other psychedelics, physically, emotionally, or otherwise?

- Yes
- No

If Yes, Please Describe:

18. Has a trusted health professional ever advised you to cease or otherwise limit consumption of cannabis, psychedelics, or using altered states practices?

- Yes
- No

If Yes, Please Describe:

19. Have you ever experienced extreme paranoia or anxiety, panic attacks, or other extreme negative experiences while using cannabis, any psychedelics, or during any other time in your life that required a significant intervention?

(Please note: Paranoia, anxiety and panic are not uncommon under the influence of a psychedelic. Jordan Wolan and Facilitators know how to support these experiences safely, however, it is very helpful to know beforehand if this has happened in the past or is a common experience for you.)

- Yes
- No

If Yes, Please Describe:

20. Have you ever fainted or blacked out or otherwise adversely lost consciousness while on cannabis or any psychedelic?

- Yes
- No

If Yes, Please Describe:

21. Do you have any acute, current or past (within the last 2 years) substance abuse/dependence issues?

- Yes
- No

If Yes, Please Describe:

22. As you contemplate attending this experience, or when checking in with yourself right before it begins, are you extremely anxious?

- Yes
- No

If Yes, Please Describe:

23. Have you ever been or are you currently involved in any legal proceedings? Criminal or civil?

(Please note: Due to societal misunderstandings about psychedelics and cannabis, it may not be safe to participate in our program if you are involved in any legal proceedings. Please speak with a legal professional about this before deciding to attend.)

- Yes
- No

If Yes, Please Describe:

24. Anything else you think we should know about? Use the space to include any additional comments, questions, or concerns.

I certify that this information is accurate and complete. I understand and agree to speak to my medical doctor and/or a licensed mental health counselor about my participation in these events and services. I understand that an additional safety evaluation is required for clinical services and events, and if I choose to participate in non-clinical, or celebratory events, I affirm that I am healthy enough to do so.

Name: _____

Signature: _____ Date: _____