



INCA SHIPIBA
HEALING CENTER

Retreat Application Form

Master Plant Dieta Program

Please complete this questionnaire with honesty and as much clarity as possible. Your responses help us ensure your safety, well-being, and the integrity of your healing process.

We offer **7, 10, 14, 20, and 30-day Master Plant Dietas**.

We recommend arrival on the **1st, 10th, or 20th of each month**, though we remain flexible and can accommodate alternative dates when possible.

1. Personal Information

Full Name:

Email Address:

Phone / WhatsApp:

Emergency Contact (Name, Relationship, Phone):

Country of Origin:

2. Retreat Details

Preferred Diet Length (7 / 10 / 14 / 20 / 30 days):

Requested Arrival Date:

3. Intention & Personal Background

What is your heart's intention for this retreat?

(What are you seeking, healing, or hoping to understand?)

Have you previously worked with Ayahuasca or other Master Plants?

- No
- Yes (please describe your experience)

4. Medical & Health Information

Your safety is our priority. Please answer truthfully.

Are you currently taking any medications or supplements?

- No
- Yes (please specify dosage and frequency)

Do you have any of the following conditions?

- High or low blood pressure
- Diabetes
- Heart condition
- Neurological disorder
- Mental health diagnosis (depression, anxiety, bipolar disorder, schizophrenia, etc.)
- Cancer
- Other (please specify)

Details:

Have you ever been hospitalized for psychological or psychiatric reasons?

- No
 Yes (please explain)


5. Additional Information

Is there anything else we should know to support you during your stay?

Submission

Please send this completed form to:

 incashipiba@proton.me

 **WhatsApp:** +52 9671143751

If you have any questions, feel free to contact us.
We look forward to walking this path with you.