

## CLIENT INFORMATION FORM

### Introduction:

A client must review and complete this client information form with a facilitator prior to participating in an administration session. A facilitator must provide this form in other languages or accessible formats upon a client's request. If a facilitator is unable to provide a translated or accessible client information form upon a client's request, they may not conduct an administration session with the client.

**Each question must be answered by indicating “yes” or “no”.**

Questions	Yes	No
Have you taken the prescription drug Lithium in the last 30 days? (3)(a)		
Are you currently being treated by a medical, clinical, or other healthcare provider for a medical, mental health, or behavioral health condition? (3)(b)		
Have you ever had an allergic reaction to consuming mushrooms or other fungi? (3)(c)		
Are you currently taking any prescription medications, non-prescription medications or nutritional supplements that might need to be consumed during an administration session? (3)(d)		
Will you require assistance from an interpreter during an administration session? (3)(e)		
Will you require assistance from a client support person for catheter, ostomy, or toileting assistance, ambulation or transfer mobility support, or medical device assistance during the administration session? (3)(f)		

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Will you require assistance from a client support person for augmentative and alternative communication (AAC) device support or assistive listening device support during the administration session? (3)(g)		
Are you having thoughts of causing harm, or wanting to cause harm, to self or others? (3)(h)		
Do you have a history of causing harm, or wanting to cause harm, to self or others? (3)(i)		
Have you ever been diagnosed with active psychosis or treated for active psychosis? (3)(j)		
Are you pregnant or feeding with breast milk? (3)(k)		
Do you require any assistive mobility devices? (3)(l)		
Will you require assistance to consume psilocybin products? (3)(m)		
Would you like to share any other conditions, sensitivities, or health concerns with your facilitator? (3)(n)		

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**A client may provide a narrative answer to the following questions.**

Would you like to share anything about your medical history, including current prescription medications, non-prescription medications or nutritional supplements that you feel would be helpful for an administration session?

Would you like to share anything about your mental health history, including traumatic experiences that you feel would be helpful for an administration session?

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Would you like to share anything about specific behaviors, internal or external stimuli (“triggers”) that could cause you to be uncomfortable during an administration session?

Would you like to share anything about your history of substance use, including current substance use, that you feel would be helpful for an administration session?

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Would you like to share any past experiences with psychedelics or altered states of consciousness?

Would you like to share any information about your relationships, your living situation, or your educational or work environment that may be affected by your administration session or may require additional safety or support planning?

**By signing this form, I acknowledge that I have reviewed and completed this form in coordination with a psilocybin services facilitator prior to participating in an administration session.**

\_\_\_\_\_  
Client Name (Print)

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

**By signing this form, I acknowledge that I have reviewed and completed this form with the client prior to the client participating in an administration session.**

\_\_\_\_\_  
Facilitator Name (Print)

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