

IbogaQuest Consent Form

My signature on this form indicates that I have been informed, both by reading this form and verbally, regarding the treatment. I understand and accept both the terms of my participation and the possible risks in participating and give my consent to undergo treatment.

Ibogaine is a naturally occurring substance that is the single isolated active alkaloid present in the root bark of the shrub Tabernanthe Iboga, which is native to western Africa. Ibogaine has been reported to have anti-addictive properties. While Ibogaine is considered as oneirophrenic (dream creating) substance, it also has effects on neurochemical and neurotransmitter systems in the brain that are believed to be involved in reducing the symptoms of opiate withdrawal, depression and post-treatment cravings.

Patient Selection Criteria

I am voluntarily participating in this treatment and am over the age of 18. I hereby state that I have no history of psychosis, nor has there been anyone in my immediate family with psychotic disorder. I also state that I have informed IbogaQuest of any other mental or physical disability or illness. I also agree that I have not used any illicit substance or same on my person and I am willing to surrender if requested to do so.

I have been informed that taking Ibogaine with psychotropic drugs is dangerous and can result in death. I agree not to take any drugs or medications which are not administered by my practitioner participating in this treatment. I agree to communicate all my medical conditions and current medications as well as ask any questions I might have about the treatment.

I understand that I will be monitored for at least the first 24 hours after taking Ibogaine and my treatment will be determined depending on the type of drug from which I am detoxifying from and my signs of recuperation. If I am not feeling well and IbogaQuest is concerned about my current condition, treatment may be discontinued and if I am asked to see a doctor I am willing to do so.

Possible Risks

The risks involved are those incurred by taking Ibogaine. Since Ibogaine is an experimental substance no long term side effects have been observed at the dosage that I will receive. However there have been clinical studies about long term effects of Ibogaine.

I understand that the usual doses used to treat addiction can cause distortions in body sensations, perceptions and thinking. The dosage administered to me in this treatment will depend on my body weight in response to any drugs I am

currently taking. The effects of Ibogaine ingestion can include abnormal sensory perceptions such as visual distortions, visual hallucinations, increased sensitivity to light and sounds and energetic bodily sensations.

Ibogaine can bring to the surface repressed memories and the images may be observed in an emotionally detached way. Some people taking Ibogaine report seeing images from their childhood. While these experiences are described by most people as profound and beneficial, to some they may be frightening and produce anxiety and confusion. By signing this consent form I hereby indicate my understanding and acceptance of the risk of anxiety or anxiety and confusion which may be caused (on a temporary basis) by Ibogaine ingestion. Descriptions of this state appear to be more consistent with the experience of dreams as opposed to hallucinations.

The effect of Ibogaine mentioned above usually begins 30 minutes to 2 hours after the oral administration and can last up to 8 hours. After the visual dream phase there is a period of intellectual evaluation which can last up to 24 hours. This phase is described as analytical and reflective. Attention is focused on inner subjective experience rather than the external environment and attention during this phase is directed at evaluating the experience of the dreams.

Frequent Side Effects of Ibogaine

1. Nausea and movement-induced vomiting
2. Ataxia (impaired motor coordination)
3. Visual distortions
4. Decreased need for sleep for several days.
5. Restlessness which can last for several hours
6. Impairment of concentration and verbal communication during the first 6 hours of treatment.

I understand that these side effects are transitory and wear off completely after approximately 24 to 36 hours, although the reduced need for sleep can last for several days and I may also experience a reduction in appetite.

I hereby attest that I have been informed and understand that there have been reported deaths due to a combination of Ibogaine and other drugs. I also understand that once treated with Ibogaine I will be more sensitive to narcotics and a considerable reduction in tolerance may cause me to easily overdose. I am aware that if I take any drugs during the Ibogaine treatment I could die and I agree to hold IbogaQuest, including any individuals involved in my referral for treatment, harmless of any claims, liability, or damages which may occur or be determined to have occurred due to the administration of Ibogaine. I also understand that if I experience distressing side effects of any sort that appropriate medical services will be provided or I will be referred to the

appropriate professional care facilities. I agree that after my treatment I will seek medical attention if health abnormalities arise.

Confidentiality

I understand that my treatment will be held in confidentiality and IbogaQuest will be held in confidentiality for the protection of my character and theirs.

Patient Authorization Statement

I understand the side effects and harms that can be caused by participating in any experimental treatment program, despite the use of high standards of care. Known side effects have been described to me both verbally and in this document. I have been able to ask all questions I may have about the treatment and they have been answered clearly and in detail and I fully understand the answers provided. I have read and fully understand the information and am participating in this treatment freely and voluntarily.

Witness: _____

Signature and date: _____