Begin with what matters.

A starter form for adults seeking nonclinical support. Completing it does not book a session or establish acceptance for services.

Save a copy before typing. Use a PDF form reader or print and write. Share only what is useful; no detailed medical or trauma history is requested. Ask for another format if that would help.

Name you would like me to use

Pronouns (optional)

Email address for replies

Telephone and whether a voicemail is okay (optional)

State / country and time zone (no street address needed)

☐ I am at least 18 years old.

What brings you here? One sentence is enough.

Choose your conditions.

Your pace, boundaries, and communication preferences belong in the plan.

Support of interest: preparation, integration, navigation, music, or unsure

What would make communication or sessions easier?

What should I avoid? How would you like to signal pause or stop?

Scheduling needs and format preferences

What would make this support useful to you?

There is no need to disclose a diagnosis, medication list, substance use history, or details of an experience in this starter form. Questions about health, treatment, or medication belong with qualified clinicians.

Someone to reach.

Complete this page before services begin. You can discuss any concern before agreeing.

Adult emergency contact: name and relationship

Emergency contact telephone, including country / area code

Reachability during scheduled sessions and backup arrangements

- [ ] I have told this person about their role and will confirm their availability during scheduled support.
- [ ] I authorize Synchronic to contact this person if there is an immediate safety concern during scheduled contact, or if I become unexpectedly unresponsive and urgent help appears needed.

Only information reasonably needed to obtain urgent support should be shared. Synchronic may contact emergency services first and follow dispatcher instructions. This contact does not replace emergency services or clinical care and creates no journey-monitoring role.

Any concern about this authorization to discuss before starting

You may change or withdraw this authorization by notifying Synchronic. A workable urgent-contact plan must be agreed before scheduled services begin.

Clarity before connection.

Read these points and bring any questions. This starter form is not a treatment consent or liability release.

- [ ] I understand that Synchronic offers nonclinical preparation and integration support, education, and care-navigation assistance. It is not therapy, diagnosis, treatment, or medical advice.
- [ ] I understand that Synchronic does not provide substances, dosing or medication guidance, clinical clearance, or facilitation, supervision, or monitoring during psychedelic experiences.
- [ ] I understand that ordinary email is not guaranteed end-to-end encrypted. I will use the privately supplied return instructions or request an alternative before sending sensitive material.
- [ ] This form does not authorize routine sharing with clinicians, programs, employers, or family. Any such coordination requires separate, specific written permission.
- [ ] I agree that Synchronic may use my contact details to respond to this inquiry and arrange support. This is not consent to marketing.

Name acknowledging the points above

Date

RETURNING YOUR FORM: Request the current intake return address through timo@synchronic.now, without attachments or personal history in the first message. Then follow the private reply instructions. Attach the saved PDF yourself; a website email link cannot attach it for you. Keep your copy. Sending does not confirm receipt, review, or booking.