PATIENT INTAKE QUESTIONNAIRE

Full Legal Name: _____

SSN: _____ Phone: _____ DOB: _____

Address: _____

Medical Indications

Choose/List the conditions for which you are seeking medical cannabis treatment **and have supporting documentation:**

- ☐ ALS (Lou Gehrig's)
- ☐ Cancer
- ☐ Crohn's Disease
- ☐ Epilepsy
- ☐ Glaucoma
- ☐ HIV/AIDS
- ☐ Multiple Sclerosis (MS)
- ☐ Parkinson's Disease
- ☐ Post Traumatic Stress Disorder (PTSD)
- ☐ Terminal Condition
- ☐ Chronic Nonmalignant Pain

Other: _____

Caregiver Information

If applicable:

Caregiver Name: _____

Caregiver Phone: _____

Caregiver Registry ID: _____

Social & Habitual Status

Marital status: (pick one)

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Separated
- ☐ Common Law
- ☐ Domestic Partnership
- ☐ In a Relationship

Do you have children? ☐ Yes ☐ No If yes, how many? _____

Are you a veteran or active duty military? ☐ Yes ☐ No

Occupation: _____

Tobacco Use? ☐ Yes ☐ No If Yes, what type and how often? _____

Alcohol Use? ☐ Yes ☐ No If Yes, how often? _____

CannaMD

Current/Past Medical History & Medications

List ALL allergies:

List ALL current medications (including dose and frequency):

List ALL current and past medical history (including diagnoses, surgeries, and hospitalizations):

Do you or your immediate family have a history of the following diagnoses (check all that apply):

- ☐ Heart Disease
- ☐ Bipolar
- ☐ Depression
- ☐ Substance Use Disorder
- ☐ Stroke
- ☐ Schizophrenia
- ☐ PTSD
- ☐ Liver Disease
- ☐ Psychosis
- ☐ Anxiety

History of Opioid & Cannabis Use

Are you currently prescribed opioids or methadone/Suboxone? ☐ Yes ☐ No

Are you currently using cannabis? ☐ Yes ☐ No

If yes, outline in detail your daily cannabis routine:

Do you currently have a medical card for cannabis? ☐ Yes ☐ No

If yes, who is your treating physician? _____

List ALL other medications/treatments that you have attempted before considering cannabis and why you chose to stop those treatments:

How does cannabis help your condition?