

**PATIENT INTAKE INFORMATION**

**GENERAL INFORMATION:**

• LEGAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• DATE OF BIRTH (MM/DD/YEAR): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• SEX: \_\_\_\_\_\_\_\_\_\_

• HEIGHT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• WEIGHT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• PRIMARY CARE PHYSICIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CONTACT INFORMATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **CANNABIS CERTIFICATION INFORMATION:**

• HOW DID YOU LEARN ABOUT US (PLEASE CIRCLE)?

WEBSITE • NEWSPAPER AD • MAGAZINE AD • FRIEND • LOCAL EVENT • HEALTHCARE PRO

DESCRIBE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• REASONS FOR SEEKING CERTIFICATION (PLEASE CIRCLE):

PTSD / ANXIETY • CROHN’S / IBS • CANCER • EPILEPSY • PARKINSON’S DISEASE

CHRONIC PAIN / BACK PAIN • ARTHITIS • MIGRAINES • INSOMNIA • HIV/AIDS

GLAUCOMA • MULTIPLE SCLEROSIS • ALS • SICKLE CELL ANEMIA • TERMINAL CONDITION

ALZHEIMER’S • FIBROMYALGIA • LUPUS • HEPATITIS C • RHEUMATOID ARTHITIS

OTHER (DESCRIBE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• CERTIFICATION LEVEL CHOSEN (PLEASE CIRCLE):

GREEN • GOLD • PLATINUM