



## CANNABIS PATIENT CLIENT INTAKE FORM

Disclaimer: Thank you for your interest in being a client of .  
Information collected about new clients is confidential and will be treated accordingly.

### PERSONAL INFORMATION

PatientName : \_\_\_\_\_ Date ofBirth : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIPCode : \_\_\_\_\_

E-Mail: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

MMJ Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Registered Caregiver(if any) : \_\_\_\_\_ Phone : \_\_\_\_\_

Caregiver Email \_\_\_\_\_

Are you a veteran? ☐ Yes ☐ No

What sex was originally listed on your birth certificate? ☐ Male ☐ Female

How would you describe your current gender identity?

- ☐ Male ☐ Female
- ☐ Transgender Man/Trans Man/Female to male
- ☐ Transgender Female/Trans Woman/Male to Female
- ☐ Gender Queer/Gender nonconforming; neither exclusively male nor female; nonbinary
- ☐ Other, not listed

Do you consider yourself Hispanic or Latino? ☐ Yes ☐ No

:

**\*\*Fill if you dont have a diagnosis\*\***

**HEALTH**

**List your qualifying medical condition(s):**

--

**List your symptoms including the frequency, severity, and duration of pain:**

Symptom	Frequency	Severity	Duration

**List the type, duration, and outcome of any treatments you have tried :**

Treatment	Duration	Outcome

**List the medications you currently take including the dosage and frequency:**

Medication	Dosage	Frequency

**List your allergies:**

--

**ACKNOWLEDGMENT**

I acknowledge that I possess specific privacy rights regarding my protected health information as defined by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. I understand that I have the right to review the dispensary's Notice of Privacy Practices prior to signing this form and that the dispensary maintains the right to change the terms of its Notice of Privacy Practices.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_

**Authorized Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship: \_\_\_\_\_