THE Healing CORNER

Therapy, Healing, Compassion

Patient Intake Form

Personal Information

Patient Name: ____ Date of Birth: _____/_____ /_____

Address: ________________________________ City:______________________ Zip Code:_____________

MMP Card Number:____ Expiration Date: _____/_____/_____

Cell Phone Number:___________________________ Cell Phone Carrier______________________________

Email Address:_______________________________ Are you a New or Transfer Patient? _________________

Do you have a caregiver? Yes ◯ or No ◯

Caregiver's Name:____________________________________ Caregivers Phone Number:_______________

Medical History

Qualifying Condition for Medical Marijuana:

____

Authorizing Physician: _____________________

Physician's Contact Info: ___________________

Do you have experience with cannabis?

Experienced ◯ Moderate ◯ Beginner ◯ None ◯

Preferred form of use: (may √ check more than one)

__ *Inhalation*	__ *Sublingual*	__ *Ingestion*
__ Flower	__ Breath Sprays	__ Capsules
__ Vape Oils	__ Breath Strips	__ Tablets
__ Concentrates	__ Tinctures	__ Edibles
		__ Oils
__ *Not sure until consult with pharmacist*		

Did you provide us with your Medication List?
Yes ◯ No ◯

Pharmacist notes: _________________________

Therapy Goals

Check √ Primary Symptom Relief Goals:

___ Difficulty falling asleep	___ General Pain
___ Difficulty staying asleep	___ Muscle Pain
___ General insomnia	___ Muscle Spasms
___ Fatigue	___ Nerve Pain
___ Tremors	___ Ocular Pressure
___ Nightmares	___ Migraines
___ Seizures	___ Reduce opiates
___ Poor Appetite	___ Depression
___ Nausea	___ Anxiety
___ Hyperactive Bowels	___ Other
___ Stomach Cramping	

Additional Information you would like the pharmacist to be aware of prior to therapy recommendation:

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Pharmacist Notes: ***(to be filled out by pharmacist only)***

Vehicle Recommended: (circle)

- Flower, oils, concentrates
- Breath sprays, strips, tinctures
- Capsules, edibles, oils

Strain Recommended:

- Indica
- Sativa
- Hybrid
- CBD

Follow up: *weekly* *biweekly* *monthly* *quarterly*

Recommended Product(s):

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Notes: