



Thank you for being here! We are honored you've chosen us to be your medical cannabis (marijuana) provider. We look forward to getting to know you.

PART 1 – PERSONAL INFORMATION

Date: _____ Registry/Patient ID#: _____

Full Name: _____ Nickname: _____

Birth Date (mm/dd/yyyy): _____ Age: _____ Gender: _____

Home Address: _____

City: _____ State: _____

Zip Code: _____ Home Phone# _____ Cell# _____

Email: _____ Veteran (optional): Yes No

Caregiver Name: _____ Registry ID# _____

****We will not sell or share your contact information.****

Initials

_____ I would like to receive emails with product updates, special offers, and events.

_____ I would like to receive text messages with product updates, special offers, and events.

Your carrier's standard message and data rates will apply.

_____ I would like to receive phone calls for product updates or consultations.

PART 2 – ACKNOWLEDGEMENTS

A. Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received a copy of this store's Notice of Privacy Practices.

Signature: _____ Date: _____

B. Acknowledgement of Code of Conduct

I, _____, have reviewed, understand, and will abide by this store's Code of Conduct.

Signature: _____ Date: _____

PART 3 – FOR OFFICE USE ONLY

A. Information Verified by Employee Name: _____ Agent #: _____

Employee's Signature: _____ Date: _____

PART 4 – OPTIONAL INTAKE / CONSULTATION

(Can be completed by patient or PCS/Pharmacist)

Patient refused New Patient Consultation. Employee Signature: _____

A. HOW DID PATIENT/CAREGIVER HEAR ABOUT RISE? – CONSULTATION INTAKE

- Word of Mouth Drive/Walk by Newspaper Facebook Instagram Twitter
- MassRoots Leafly WeedMaps I Heart Jane Doctor
- Other Health Care Provider Other? _____

B. MEDICAL CANNABIS HISTORY

1. Why has medical cannabis been recommended to the patient?

2. How long has patient been using cannabis? _____

3. What is patient’s preferred method of consumption? _____

4. Any allergies? _____

5. Has patient ever had an unwanted side effect or an adverse reaction from cannabis? If yes, describe:

6. Additional Notes: _____

