PEDIATRIC INITIAL PATIENT INTAKE FORM **PEDIATRIC**

Today's Date: ______/______/_________ **Medical Marijuana ID Issue Date:** ______/______/_________

PATIENT INFORMATION

Name: ____ Jr. Sr.
First *Middle* *Last*

Date of Birth: ______/______/_________ **Age:**_______ **Patient's Weight:** ____________ lbs.

Address: ____
Street

____
City *State* *Zip*

Primary Phone: (_______) _______-_________ **Email:** ____

☐ **Please check this box if you do not want to receive our email newsletter**

May we leave personal medical information in a message for you if necessary? **YES** **NO**

DEPARTMENT OF HEALTH - REGISTERED CAREGIVER INFORMATION

D.O.H. Caregiver Name: ____ Jr. Sr.
First *Middle* *Last*

Address: ____
Street

____
City *State* *Zip*

Primary Phone: (______) ______-_________ **Email:** ____

May we leave personal medical information in a message for anyone listed in this section? **YES** **NO**

Do you give permission to share medical information with another family member or caregiver not listed above?

YES **NO** **If yes, please provide the name and phone number below:**

Name: ______________________________________ **Relationship:** ________________________

Primary Phone: (_______) _______-_________ **Email:** ____

YOUR HEALTH CARE TEAM

Certifying Physician for Medical Marijuana: ____

Please list any other health care providers with whom Solevo Wellness may share clinical updates:

Name: ______________________________________ Specialty: ________________________

Name: ______________________________________ Specialty: ________________________

SOLEVO
WELLNESS

Patient's Name: ______________________________

MEDICAL HISTORY

Does the patient have any of the following conditions (please check any that apply):

☐ **Asthma**	☐ **Digestion/Absorption Issues**
☐ **COPD**	☐ **GI Surgery or Feeding Tube**
☐ **Emphysema**	☐ **Bipolar**
☐ **Currently Pregnant or Breastfeeding**	☐ **Schizophrenia**
☐ **Allergies,** including food (please list):	

Main symptom you are hoping to address today (please only pick the top 1 or 2):

☐ **Anxiety / Stress**	☐ **Nausea**
☐ **Depression**	☐ **Lack of Appetite**
☐ **Aggression Towards Others**	☐ **Outbursts**
☐ **Self-Harming**	☐ **Destructive Behaviors**
☐ **Insomnia**	☐ **Seizures**
Pain (Check which type of pain): AB / Back / Joint / Migraine / Muscle / Nerve / GI / Inflammation	
☐ **Other:**	

Medical Marijuana History:

Has the patient ever used marijuana, either medically or recreationally? **YES** **NO** (past current)

Has the patient ever tried a CBD product? **YES** **NO** (past current)

MEDICATIONS - Please list prescription and over-the-counter medications the patient is CURRENTLY taking:

____

____

____

Any <u>possible</u> preference for the following forms of medical marijuana? (please check ALL that apply):

Vaporized (inhaled) Sublingual (under your tongue) Capsule (swallowed)

Topical (applied to skin) Unsure Other: ______________________________

Pharmacist Signature: ______________________________ Date: ____________________

OFFICE USE ONLY

Patient Name(Written)______________________

PATIENT & CAREGIVER PURCHASE DISCLOSURES

(PLEASE INITIAL EACH STATEMENT -AND- SIGN THE LAST PAGE)

- Patient/Caregiver agrees not to open or consume Medical Marijuana products in any place prohibited by law. Facility management recommends that you open your Medical Marijuana products in private, at home or in a similar environment.

- Under the laws of the Commonwealth of Pennsylvania, I understand that I am not immune from the imposition of any civil, criminal, or other penalties for:
  - o Operating, navigating, or being in actual physical control of any motor vehicle, aircraft, or boat, while under the influence of Medical Marijuana;
  - o Consumption of Medical Marijuana in any public place;
  - o Consumption of Medical Marijuana in a motor vehicle; and
  - o Undertaking any task under the influence of Medical Marijuana, when doing so would constitute negligence or professional malpractice.

- It is unlawful for anyone other than the Patient/Caregiver to possess or use Medical Marijuana Products. I understand that it is illegal to divert, transfer, sell or give this or any Medical Marijuana Products to anyone other than the Patient/Caregiver to whom it was dispensed. I agree that I will keep all Medical Marijuana Products away from children, other than the Patient.

- Always keep medical marijuana out of reach from both children and pets (in a locked area if possible). Always keep medical marijuana in its original packaging.

- It is unlawful under Federal Law, to possess, use, manufacture or distribute Marijuana under federal law, and I understand, affirm, and attest that obtaining Medical Marijuana legally under Pennsylvania Law does not exempt me from Federal prosecution, under the laws and penalties provided by the federal government.

- Scientific research has not established the safety for the use of Medical Marijuana by pregnant and/or breastfeeding women. Solevo Wellness recommends speaking with your physician (OBGYN or pediatrician) prior to starting Medical Marijuana.

- By law, in Pennsylvania dry leaf must be vaporized (it is illegal to be ***smoked***). Please ask a dispensary representative if you need this clarified.

• It is the principle mission of the FDA Center for Drug Evaluation and Research to ensure drugs marketed in the U.S. are safe and effective. The Center ensures that drugs work correctly, and that their health benefits outweigh their known risks. Medical Marijuana remains a Schedule I substance under the Controlled Substance Act, and as such, has not yet received FDA approval. I understand that the use of Medical Marijuana to treat a medical condition is not yet approved by the U.S. Food and Drug Administration and may have some potential, unidentified risks.

• Do you have, or is there any family history of schizophrenia or mental illness? Yes or No (Circle)

It is possible that the use of Medical Marijuana may worsen schizophrenia and the associated symptoms in patients prone to this disease.

• Potential side effects of medical marijuana may include but are not limited to: dry eyes/mouth, sedation, dizziness/lightheadedness, anxiety, dysphoria, time distortion, decrease in short term memory, decreased coordination, and changes in blood pressure/heart rate. Also, potential drug interactions may occur and are not always clearly predictable.

• Solevo Wellness does NOT recommend that our patients abruptly stop using any of their prescription medications without first consulting with the prescribing physician.

• ALL of our products at Solevo Wellness contain some level of THC, which will result in a positive drug screen. Therefore, we recommend that all patients be very forthcoming with physicians, employers, landlords, or others that may require a drug screen *prior* to this being a concern.

• Medical Marijuana products that are grown, processed, and dispensed in Pennsylvania can be legally transported and consumed within the state of Pennsylvania. However, if you leave the state of Pennsylvania with medical marijuana you are no longer protected under Pennsylvania law and are open to the possibility of prosecution.

I do hereby acknowledge that Medical Marijuana research and its practical application as a medicine is still being determined as industry research is ongoing. I also understand that the employees of Solevo Wellness will make recommendations for certain products that are expected to benefit a certain diagnosis or symptom(s). However, at no time is a prescription given and as the patient I fully accept responsibility for any potential risks and/or side effects that may occur. It is my responsibility to use Medical Marijuana appropriately, including self-monitoring levels of impairment, ensuring proper storage, and keeping my PA Medical Marijuana ID on me at all times.

Patient/Caregiver Signature: ________________________________ **Date:** ____________

Printed Name: ___________________________________

Patient's Name: ______________________________ Date: ________________

Pediatric Assessment

Assessment of Social Interactions:	(Please Check)
1. Limited use of non-verbal behaviors such as expressions, eye contact, body posture and/or gestures during social interactions	YES NO
2. Impaired development of peer relationships	YES NO
3. Repetitive language when not needed	YES NO N/A
4. Does not follow through with instructions (chores, duties, etc.)	YES NO N/A
5. Lack of social or emotional reactions when appropriate	YES NO
Assessment of Patient's Communication:	
1. Communicates verbally	YES NO
2. Speaks using full sentences	YES NO N/A
3. Able to start and maintain a conversation	YES NO N/A
4. Able to communicate, either through speech or gestures, feelings of discomfort (hunger, worry, pain, etc.)	YES NO
Assessment of Behavioral Patterns:	
1. Preoccupied with patterns and/or interests in a way that is overly intense	YES NO
2. Demanding of specific routines or rituals	YES NO
3. Repetitive movements (hand flapping, twisting, whole body movements, etc.)	YES NO
4. Self-injurious	YES NO
5. Physically aggressive towards others	YES NO
6. Destructive of surrounding objects	YES NO
7. Disruption of sleep patterns	YES NO
Medication Assessment:	
1. Serious taste disturbances	YES NO
2. Able to swallow capsules	YES NO
3. Able to use a vaporized (inhaled) form of medical marijuana if needed	YES NO