



INITIAL PATIENT INTAKE FORM

Today's Date: ____/____/____

Medical Marijuana ID Issue Date: ____/____/____

PATIENT INFORMATION

Name: _____ Jr. Sr.
First Middle Last

Date of Birth: ____/____/____ Age: _____

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 (if applicable)

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 with your registered caregiver? YES NO

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: _____

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: _____

May we leave personal medical information in a message with this family member/caregiver? YES NO

Patient's Name: _____

MEDICAL HISTORY

Do you have any of the following conditions (please check any that apply):

<input type="checkbox"/> Asthma	<input type="checkbox"/> Digestion/Absorption Issues
<input type="checkbox"/> COPD	<input type="checkbox"/> Had Gastric Bypass Surgery
<input type="checkbox"/> Emphysema	<input type="checkbox"/> Bipolar
<input type="checkbox"/> Currently Pregnant or Breastfeeding	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Allergies , including food (please list):	

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

<input type="checkbox"/> Anxiety / Stress	<input type="checkbox"/> Nausea
<input type="checkbox"/> Depression	<input type="checkbox"/> Lack of Appetite
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Seizures
Pain (Check which type of pain): AB / Back / Joint / Migraine / Muscle / Nerve / GI / Inflammation	
<input type="checkbox"/> Other:	

Medical Marijuana History:

Have you ever used marijuana, either medically or recreationally? **YES NO** (past current)

Have you ever tried a CBD product? **YES NO** (past current)

Do you currently smoke/vaporize tobacco: **YES NO** Do you currently drink alcohol: **YES NO**

MEDICATIONS - Please list prescription and over-the-counter medications you are CURRENTLY taking:

Any possible 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 & 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: _____