



INITIAL PATIENT INTAKE FORM

PER DOH REGULATIONS, MEDICAL MARIJUANA ID CARDS ARE REQUIRED FOR PATIENTS AND CAREGIVERS TO ENTER OUR FACILITIES. THOSE WITHOUT PROPER MEDICAL MARIJUANA ID CARDS WILL NOT BE PERMITTED INTO OUR FACILITIES. PLEASE PLAN YOUR VISITS ACCORDINGLY.

Today's Date: \_\_\_\_\_

PATIENT INFORMATION

Name: \_\_\_\_\_  Jr.  Sr.
First Middle Last

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_

Address: \_\_\_\_\_
Street

City State Zip

Primary Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  Home  Cellular  Work Email: \_\_\_\_\_

Secondary Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  Home  Cellular  Work

Preferred Method of Contact (please check):  Voice  Email  Text

May we leave personal medical information on your primary/secondary number in a voicemail/text?  YES  NO

Medical Marijuana ID Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver's License Number/Identification Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

DEPARTMENT OF HEALTH - REGISTERED CAREGIVER INFORMATION (if applicable)

D.O.H. Caregiver Name: \_\_\_\_\_  Jr.  Sr.
First Middle Last

Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_
Street

City State Zip

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  Home  Cellular  Work Email: \_\_\_\_\_

Preferred Method of Contact (please circle):  Voice  Email  Text

May we leave personal medical information in a voicemail/text?  YES  NO

Caregiver's Medical Marijuana ID Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Do you give permission to discuss the medical information with family or other caregiver?  YES  NO

If yes, please provide the name and phone number below:

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  Home  Cellular  Work Email: \_\_\_\_\_

**YOUR HEALTH CARE TEAM**

**Certifying Physician for Medical Marijuana:** \_\_\_\_\_

Telephone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Facility Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Facility Address: \_\_\_\_\_

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Facility Address: \_\_\_\_\_

**MEDICAL HISTORY**

Please check the **PRIMARY** qualifying condition for medical marijuana below:

<input type="checkbox"/> Amyotrophic Lateral Sclerosis (ALS)	<input type="checkbox"/> Intractable Seizures
<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Multiple Sclerosis (MS)
<input type="checkbox"/> Autism	<input type="checkbox"/> Neurodegenerative Disease
<input type="checkbox"/> Cancer	<input type="checkbox"/> Neuropathies
<input type="checkbox"/> (if cancer, what type):	<input type="checkbox"/> Opioid Use Disorder
<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Parkinson's Disease
<input type="checkbox"/> Dyskinetic and Spastic Movement Disorders	<input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD)
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Severe Chronic Pain
<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Spinal Cord Injury/Spasticity
<input type="checkbox"/> Huntington's Disease	<input type="checkbox"/> Terminal Illness
<input type="checkbox"/> Inflammatory Bowel Disease (IBD)	<input type="checkbox"/> Tourette Syndrome

Please provide other medical conditions not listed: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Surgical History: \_\_\_\_\_

Do you have, or is there any family history of schizophrenia/mental illness?  YES  NO

(Females) Are you pregnant?  YES  NO (Females) Are you trying to become pregnant?  YES  NO

**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 )

**Social History:**

Do you smoke tobacco?  YES  NO \_\_\_\_\_ packs per day

Do you drink alcohol?  YES  NO \_\_\_\_\_ drinks per day

**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)

Other: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Pharmacist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Patient's Name: \_\_\_\_\_

**SOLEVO WELLNESS PATIENT SELF-ASSESSMENT**

**Diagnosis:** ALS Anxiety Autism Cancer Crohn's Disease Spinal Spasticity Epilepsy Glaucoma  
 HIV/AIDS Huntington's Disease Inflammatory Bowel Disease Intractable Seizures Multiple Sclerosis  
 Neuropathies Opioid Use Disorder Parkinson's Disease PTSD Severe Chronic Pain Sickle Cell Anemia  
 Terminal Illness Tourette Syndrome

**Symptom(s)**

<b>Anxiety</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Convulsions</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Depression</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Dizziness/Vertigo</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Fatigue</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Loss of Appetite</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Inflammation</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Impulse</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Insomnia</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Muscle Spasm</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Nausea</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Pain (Abdominal)</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Pain (Back)</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Pain (Cramping)</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Pain (Gastrointestinal)</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Pain (Joints)</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Pain (Migraine)</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Pain (Muscle)</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Pain (Nerve)</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Pain (Other)</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Seizures</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Stress</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Tremors</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom
<b>Other:</b>	No Symptom	1	2	3	4	5	6	7	8	9	10	Worst Symptom

**Reported Side Effects:** \_\_\_\_\_

**Additional Patient Comments:** \_\_\_\_\_



## PATIENT & CAREGIVER PURCHASE DISCLOSURES

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

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• 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.

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• 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.

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• 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.

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• 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.

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• 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.

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• 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.

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• 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.

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• 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.

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• 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.

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• 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.

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

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• 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.

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• 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.

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**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: \_\_\_\_\_