



INITIAL PATIENT INTAKE FORM

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

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 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

Symptom(s)

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

• 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: _____