



Medical Marijuana Evaluation

Intake Form

First Name: _____ **MI:** _____ **Last Name:** _____

Address: _____ **City:** _____ **Zip Code** _____

Home Phone: _____ **Cell Phone:** _____ **Date of Birth:** _____

Email Address: _____ **MI. Drivers Lic./ID#:** _____

Preferred method of contact: *Email Cell Phone Home Phone Mail Other* _____

1. How did you hear about this clinic? _____

2. Do you currently have a Michigan Medical Marijuana Card? **Yes** **No** **I did but it has expired**

3. The doctor you saw for your previous medical marijuana evaluation: _____

4. What symptoms do you hope that medical marijuana will help you with: _____

5. Have you been diagnosed with any of the following medical conditions: **Hepatitis C** **HIV or Aids** **Glaucoma** **ALS**
Crohns Disease **Agitation of Alzheimers Disease** **Nail Patella** **Ptsd** **Cancer (type/location)** _____

6. Have you been diagnosed with a disease or condition that produces any of the following: **Severe Nausea** **Seizures**
Cachexia/Wasting Syndrome **Severe and Chronic Pain** **Severe and Persistent Muscle Spasms** *(List the condition below)*
Disease/condition that causes the above: _____

7. When did this condition/problem start: _____

8. Last time you visited the doctor about this condition: _____

9. Treatments that you have tried/are trying for this condition: _____

10. Medications you are currently taking: _____

11. Previous related surgeries: _____

Women:

12. Are you pregnant? **Yes** **No** **Unsure**

13. Do you plan to become pregnant in the next 2 years? **Yes** **No** **N/A** _____

14. Would you like us to send a copy of your office visit note to your PCP or other provider? **Yes** **No**

If yes, Providers Name: _____ Address: _____



Medical Marijuana Information

Name _____ Birthdate: _____

Instructions: Read each of the statements below and sign at the bottom of this page acknowledging that you understand each statement. If you have a question or do not understand any of the statements, please ask Dr. Townsend to clarify during your evaluation.

I understand that medical marijuana is used to aid in the suffering of serious and debilitating medical conditions. The qualifying conditions under the Michigan Medical Marijuana Act are Cancer, HIV/AIDS, Hepatitis C, Glaucoma, Crohns Disease, ALS, Nail Patella and Agitation of Alzheimers Disease **OR** A condition or disease that produces one of the following: severe and chronic pain, severe nausea, seizures, severe and persistent muscle spasms, or cachexia/wasting syndrome.

Marijuana is a Schedule 1 narcotic and is not regulated by the FDA. Scientific study data on marijuana as a medication is not widely available, although it has been reported to be useful in several serious, debilitating conditions. I understand that the benefits and risks associated with the use of marijuana are not fully understood and that its use **may involve** risks that have not yet been identified.

Known side effects of marijuana **may** include dry mouth, increased appetite, sleepiness, short term memory impairment and inattention. There have been no known overdoses or deaths reported.

Smoking **ANYTHING** including marijuana can cause respiratory issues. Using a vaporizer may substantially reduce many of the risks associated with smoking.

The possibility exists that marijuana **may** exacerbate symptoms in patients diagnosed with schizophrenia.

The use of marijuana **may** affect your coordination and cognition in ways that could impair your ability to drive. You should not operate heavy machinery, drive or engage in potentially hazardous activities while under the influence of marijuana.

The cultivation, possession and use of marijuana, even for medical purposes is still illegal under federal law. Dr. Townsend/Denali Healthcare is neither dispensing, providing or encouraging you to obtain medical marijuana.

You understand that marijuana use is not recommended during pregnancy. If you become pregnant and test positive for marijuana during pregnancy or delivery you are at risk of having Child Protective Services being notified by the testing healthcare provider.

You understand that medical marijuana is not a substitute for standard medical treatment in any serious, potentially life threatening health condition. **Do not stop** any prescribed medications without consulting your PCP/prescribing physician beforehand.

Dr. Townsend recommends that all patients follow up with him on a regular basis to further solidify the “Dr-Pt Bonafide Relationship” as defined by the State of Michigan. Scheduling a follow up appointment can be done during your initial evaluation or by calling the office. Follow up visits pertaining to your medical marijuana certification and qualifying condition are included in your initial evaluation fee for 2 years.

Many factors should be considered in a patients dosing of medical marijuana including quality/potency of marijuana, strain/type utilized, health conditions and patients tolerance to marijuana. Most patients can control there symptoms with less than an ounce of medical marijuana weekly.

You understand that in the event your qualifying condition or symptoms fully resolve, you must discontinue your usage of medical marijuana and notify both LARA and our office.

By signing below, I acknowledge that I have read and understood each of the above statements. A copy of this document was available during my initial appointment. I am aware that I can receive a copy of this document at anytime by visiting www.denalihealthcaremi.com or by calling Denali Healthcare.

Patient Signature _____ Date: _____