Medical Marijuana of Orange County and San Diego

First Name:			MI:		Last Name:			
CA Drivers License or CA State ID Card number:								
Gender: Male Female			Date of Birth:			Rev. 2017-02-06		
Phone:			Email:					
Street Address1:								
Street Address2:								
City:			State: CA			Zip:		
Ma	y we send an email reminder to you before your r	recomm	 endation	is due to	expire?	•	Yes	No
1.	. Are you renewing your medical marijuana recommendation for the same diagnosis/symptoms as last visit? Yes No Please list the conditions for which you use medical marijuana:							
	Are you currently under the care of a physician, chiropractor, acupuncturist or other licensed, approved health care practitioner for <u>ANY</u> of your conditions, outside of this practice? Yes No If you answered "YES", please list your health care practitioner(s) below:							
	Name:			ecialty:				
	Street Address:	Ci	ty:		State:	Zip:		
	Name:			Degree/sp	ecialty:			
	Street Address:	Ci	ty:		State:	Zip:		
4.	When was the most recent time you saw an approved, licensed health care practitioner for <u>any</u> of your conditions?							
5. Current Medications: Please list any medications, both prescribed and over-the-counter, in the spaces below:								
э.	current inedications: Please list any medications, bot	.n prescri	bed and c	over-the-co	ounter, in the sp	aces below	<u>:</u>	
6.	Please check any of the following treatments that you have received since your last visit to us: Physical Therapy Chiropractic Care Massage therapy Psychotherapy Epidural sto Surgery (describe): ; Other, please list:					steroids		
	Have there been any other changes to your medical h If "yes" please list any changes:	istory sin	ice your la	ast visit to	us?		Yes	No

Lä	ast Name:	First Name:	Middle Initial:						
	Ca	nnabis Use Questions							
1.	How effective has medical marijuana been in to	-							
	Very effective								
	Somewhat effective								
_	Not at all effective								
2.	How often do you use medical marijuana?								
	Less than once a month 1-3 times per 2-4 times a week Almost daily								
	Twice a day Three times a	Once a day							
3			er day? (A large joint is about						
J.	If you are a daily user, what is the average amount of medical marijuana you use per day? (A large joint is about 1 gram, $1/8$ oz = 3.6 grams)								
	less than 1 gram								
4.	Has the amount of medical marijuana needed to control your symptoms increased, decreased, or remained the sa over time?								
	Increased; it now requires more medical ma	• • •							
	Decreased; it now requires less medical ma	rijuana to control my symptoms							
_	Remained about the same								
5.	Are you experiencing any problems with medic	cal marijuana?							
	☐ Yes ☐ No								
6	Do you have any questions or concerns about r	nadical marijuana yau wauld lika th	a deater to address today?						
υ.	Yes	nedicai marijuana you would like m	e doctor to address today?						
	□ No								
7.	How do you medicate with medical marijuana	Please check all that apply.							
	smoke vaporize © eat or ing								
	apply cream, lotion, or ointment containing	medical marijuana topically to skin							
8.	Do you smoke tobacco products?								
	Yes, I smoke tobacco.⊗								
	No, I do not smoke tobacco.☺								
9.	•	Do you suffer from a chronic, persistent cough which lasts for more than 3 months a year? Do not include cough							
	from an acute upper respiratory infection, which	th are usually associated with fever,	chills and flu-like symptoms.						
	☐ Yes								
	∐ No								
	By SIGNING or TYPING my FULL NAME in the BOX BELOW								
I affirm that all of the information I have entered is correct.									
	Please enter today's date immediately below:								
	1 12 most control to day is date infinitediately below.								