Canna Care Docs

A Division of MedEval Corp.
Compassionate Compliant Confidential
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BP : /
Pulse:
O2:
Pain Level:

DATE:_____

First/Last Name: _____ Middle Initial_____

Birthdate:_____/_____/_____ Age: _____

Address: _____

City: _____ Zip Code:_____

Phone: (_____) _____-_____ Email: _____

Emergency Contact: _____relationship_____

Emergency Contact Phone: (_____) _____-_____

Current Primary Care

Physician Name: _____ Office: _____

Address: _____

City_____ State_____ Phone: (_____)-_____-_____

Please check off the medical condition(s) for which you are here for today:

- ☐ Cancer
- ☐ Cachexia (too thin for height)
- ☐ Severe Nausea
- ☐ Hepatitis C
- ☐ Chrohn's
- ☐ Seizures
- ☐ PTSD
- ☐ HIV/AIDS
- ☐ Alzheimer's
- ☐ ALS/Lou Gehrig's
- ☐ Glaucoma
- ☐ Persistent muscle spasms
- ☐ Other_____
- ☐ Severe Pain: Location _____

How often? _____ Describe the pain: _____

Does the pain travel elsewhere? If so, where? _____

If you have pain, how bad does it get on a scale of 0-10? (10 being the worst) _____

How and where was your condition diagnosed? _____

How does your medical condition affect your quality of life?_____

_____

_____

Do you, or have you had any of the following? (Check all that apply)

☐ Diabetes	☐ Lung Disease	☐ Muscle cramps	☐ Headaches
☐ High Blood Pressure	☐ Abdominal problems	☐ Arthritis	☐ Heart Disease
		☐ Syncope	☐ Seizures

☐ Allergies to any medications? Name(s) _____

Are you pregnant or breastfeeding? ☐ Yes ☐ No

Have you been losing weight? ☐ Yes ☐ No If yes, how much? _____ Over how long? _____

INJURIES / SURGERIES

Type	Date
_____	_____
_____	_____

MEDICATIONS

PRESCRIBED

_____ _____ _____

_____ _____ _____

OVER THE COUNTER

_____

Why do you wish to use cannabis medicinally?_____

Do you currently use cannabis to treat your condition(s)_____

If Yes How is it helping you?_____How often do you use cannabis?_____

When did you discover that cannabis helped with your symptoms? _____

Which method do you currently use to consume cannabis?

SMOKE VAPORIZE TINCTURE TOPICAL EDIBLE CONCENTRATE

Strains/Dosing, other delivery methods_____

Are you currently on probation or parole? ☐ Yes ☐ No

Do you have a pending cannabis case? ☐ Yes ☐ No

Do you smoke tobacco? ☐ Yes ☐ No How much/how often? _____

Do you drink alcohol? ☐ Yes ☐ No How much? _____ How often? _____

Do you use illicit drugs? ☐ Yes ☐ No

How did you hear about Canna Care?

☐ Google ☐ News Paper ☐ Yahoo ☐ Craigslist ☐ Friend ☐ Other_____