



## **Canna Care Docs**

*A Division of MedEval, Corp.*

*Compassionate Compliant Confidential*

***Cannacaredocs.com / 781-382-8053***

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 SS# \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### **Current Primary Care**

Physician Name: \_\_\_\_\_ Office: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

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

Cancer - What kind? \_\_\_\_\_ How long? \_\_\_\_\_

Glaucoma \_\_\_\_\_ How long? \_\_\_\_\_

HIV/AIDS \_\_\_\_\_ How long? \_\_\_\_\_

Hepatitis C \_\_\_\_\_ How long? \_\_\_\_\_

Cachexia (too thin for height) \_\_\_\_\_ How long? \_\_\_\_\_

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) \_\_\_\_\_

Severe Nausea \_\_\_\_\_ How often? \_\_\_\_\_

Migraine Headaches \_\_\_\_\_ How often? \_\_\_\_\_

Seizures \_\_\_\_\_ How often? \_\_\_\_\_

Multiple Sclerosis \_\_\_\_\_ How long? \_\_\_\_\_

PTSD \_\_\_\_\_ How long? \_\_\_\_\_

Depression \_\_\_\_\_ How long? \_\_\_\_\_

Anxiety Disorder \_\_\_\_\_ How long? \_\_\_\_\_

Insomnia \_\_\_\_\_ How long? \_\_\_\_\_

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

\_\_\_\_\_



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

- Diabetes                       Abdominal Problems       Arthritis                       Heart Disease
- High Blood Pressure       Muscle cramps               Syncope                       Headaches
- Lung Disease                   Seizures                       Other: \_\_\_\_\_

Allergies to any medication? Name(s) \_\_\_\_\_

Is there a chance you are currently pregnant? \_\_\_\_\_ Currently breastfeeding? \_\_\_\_\_

Have you been losing weight?  Yes  No If yes, how much? \_\_\_\_\_ Over how long? \_\_\_\_\_

**PLEASE LIST ALL MAJOR INJURIES / SURGERIES / ACCIDENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE LIST ALL CURRENT MEDICATIONS**

PRESCRIBED:

\_\_\_\_\_

\_\_\_\_\_

OVER THE COUNTER:

\_\_\_\_\_

\_\_\_\_\_

**Are you a Rhode Island resident?  Yes  No**

**If you are from R.I. and currently being prescribed medication for the condition you are here for today, you must bring in medical records for the past 12 months. If you are not a Rhode Island patient, medical records are not required.**

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 CannaCare Docs?

- Google  News Paper  Yahoo  Craigslist  Friend  Other \_\_\_\_\_

