Canna Care Docs

A Division of MedEval Corp.
Compassionate Complaint Confidential
Cannacaredocs.com 207-286-9000
maine@cannacaredocs.com

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 What kind? _____ How long? _____
☐ Cachexia (too thin for height) How long?_____
☐ Severe Nausea How often?_____
☐ Hepatitis C How long? _____
☐ Chrohn's How long? _____
☐ Seizures How often?_____
☐ PTSD How long? _____
☐ HIV/AIDS How long? _____
☐ Alzheimer's How long? _____
☐ Multiple Sclerosis How long? _____
☐ Glaucoma How long? _____
☐ Other Please describe_____
☐ 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?_____
_____

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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) _____

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* ☐ *Ingest* ☐ *Topical Cream* ☐ *Other* ☐

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_____