



Thank you for being here! We are honored you've chosen us to be your medical cannabis (marijuana) provider. We look forward to getting to know you.

PART 1 - PERSONAL INFORMATION

Date: _____ Registry/Patient ID# _____

Full Name: _____ Nickname: _____

Birth Date (mm/dd/yyyy): _____ Age: _____ Gender: _____

Home Address: _____

City: _____ State: _____

Zip Code: _____ Home Phone # _____ Cell # _____

Email: _____ Veteran (optional): yes no

Caregiver Name: _____ Registry ID# _____

We will never sell or share you contact information

How did you hear about us?

Community Event, which one? _____

GT/RISE Employee Referral, who? _____

INITIALS

_____ I would like to receive emails with product updates, special offers, and events.

_____ I would like to receive text messages with product updates, special offers, and events.
(your carrier's standard message and data rates will apply)

_____ I would like to receive phone calls for product updates or consultations.

PART 2 - ACKNOWLEDGMENTS

A. Acknowledgment of Receipt of Notice of Privacy Practices

I, _____, have received a copy of this store's Notice of Privacy Practices.

Signature: _____ Date: _____

B. Acknowledgment of Code of Conduct

I, _____, have reviewed, understand, and will abide by this store's Code of Conduct.

PART 3 - FOR OFFICE USE ONLY

A. Information Verified by Employee Name: _____ **Agent #:** _____
Employee's Signature: _____ **Date:** _____

PART 4 - OPTIONAL INTAKE/CONSULTATION

(Can be completed by patient or PCS/Pharmacist)

Patient declined New Patient Consultation. Employee Signature: _____

A. How did patient/caregiver hear about RISE - Consultation Intake

- Word of mouth Drive/walk by Newspaper Facebook Instagram
- MassRoots Leafly Weedmaps I Heart Jane Doctor
- Other Health Care Provider Twitter Other _____

B. Medical Cannabis History

1. Why has medical cannabis been recommended to the patient?

2. How long has the patient been using cannabis? _____

3. What is the patient's preferred method of consumption? _____

4. Any allergies? _____

5. Has the patient ever had an unwanted side effect or an adverse reaction from cannabis? If yes, describe: _____

6. Additional Notes: _____
