



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 not sell or share your contact information.\*\*\*\*

**How did you hear about us?**

Community Event, which one?: \_\_\_\_\_

GTI/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 – ACKNOWLEDGEMENTS**

**A. Acknowledgement of Receipt of Notice of Privacy Practices**

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

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

**B. Acknowledgement of Code of Conduct**

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

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

**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 refused New Patient Consultation. Employee Signature: \_\_\_\_\_

**A. HOW DID PATIENT/CAREGIVER HEAR ABOUT RISE? – CONSULTATION INTAKE**

- Word of Mouth     Drive/Walk by     Newspaper     Facebook     Instagram     Twitter
- MassRoots     Leafly     WeedMaps     I Heart Jane     Doctor
- Other Health Care Provider     Other? \_\_\_\_\_

**B. MEDICAL CANNABIS HISTORY**

1. Why has medical cannabis been recommended to the patient?  
\_\_\_\_\_  
\_\_\_\_\_
2. How long has patient been using cannabis? \_\_\_\_\_
3. What is patient’s preferred method of consumption? \_\_\_\_\_
4. Any allergies? \_\_\_\_\_  
\_\_\_\_\_
5. Has patient ever had an unwanted side effect or an adverse reaction from cannabis? If yes, describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Additional Notes: \_\_\_\_\_  
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