



**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.

**B. Acknowledgment 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 declined New Patient Consultation. Patient 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_