

Green Thumb

Consultation Form

A. Patient/Caregiver Name: _____ DOB: _____

B. Patient declined New Patient Consultation.

Patient/Caregiver Signature: _____

C. Is this Patient/Caregiver's first time visiting a PA medical dispensary? YES or NO

D. How did patient/caregiver hear about RISE?

Word of mouth Drive/walk by Newspaper Facebook Instagram

MassRoots Leafly Weedmaps I Heart Jane Doctor

Other Health Care Provider Twitter Other _____

E. 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: _____

