Patient Medical History Form

To be completed by the patient

Medical diagnosis for which seeking treatment with medical cannabis

Check one or more conditions:

____ Severe or Chronic Pain

____ Severe Nausea

____ Loss of appetite

____ Seizure Disorder

____ Glaucoma

____ PTSD

____ Any severe condition for which other medical treatments have been ineffective and medical cannabis can be expected to help with symptom relief

Past medical history

Check conditions that apply and write any other medical conditions if not listed in space below:

____ Coronary artery disease/Heart attack

____ Stroke/TIA

____ Peripheral vascular disease

____ COPD

____ Asthma

____ Deep venous thrombosis/Pulmonary Embolism

____ Diabetes

____ Aortic Aneurysm

____ Congestive Heart Failure

____ Atrial Fibrillation

____ Cardiac Arrest

____ High blood pressure

____ Active or previous alcohol or drug abuse

Other Medical Conditions:

Surgical History:

Current Medications:

Medication/Food Allergies:
