



## MEDPHARM IOWA DISPENSARY – Patient Intake Form

Patients, please fill out the following form. If you are a registered caregiver for a patient who has been certified for medical cannabis, please fill out the form using the patient's information.

Patient Registration #: \_\_\_\_\_

Active Duty/ Veteran?:  Yes  No

DOB: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### Patient Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone (main): \_\_\_\_\_

Phone (alternative): \_\_\_\_\_

Email: \_\_\_\_\_

### Certifying Provider Information

Provider Name: \_\_\_\_\_

### Registered Caregiver Contact Information (if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone (main): \_\_\_\_\_

Email: \_\_\_\_\_

### How Did you hear about us?

- |   |   |
|---|---|
| <input type="checkbox"/> Friends/Family | <input type="checkbox"/> Website              |
| <input type="checkbox"/> News Outlet    | <input type="checkbox"/> Medical Professional |
| <input type="checkbox"/> Social Media   | <input type="checkbox"/> Event                |

### Were you referred by an existing patient?

If so, please list their name here:

\_\_\_\_\_

## MEDICAL HISTORY

### 1. For which condition(s) has the patient received a certification for medical cannabis?

Please check all that apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Amyotrophic lateral sclerosis | <input type="checkbox"/> HIV/AIDS                | <input type="checkbox"/> Post Traumatic Stress Disorder |
| <input type="checkbox"/> (ALS)Parkinson's disease (PD) | <input type="checkbox"/> Ulcerative colitis      | <input type="checkbox"/> Corticobasal Degeneration      |
| <input type="checkbox"/> Cancer                        | <input type="checkbox"/> Multiple sclerosis      | <input type="checkbox"/> Chronic pain                   |
| <input type="checkbox"/> Seizures                      | <input type="checkbox"/> (MS)Autism              | <input type="checkbox"/> Terminal illness               |
| <input type="checkbox"/> Crohn's disease               | <input type="checkbox"/> Intellectual Disability |   |

**2. Rate the severity of your symptoms.** Please indicate the severity of the patient's symptoms using a scale of 1 through 10. (1 = not interfering with life at all and 10 = substantially interfering with life). Check all that apply.

SELECT (X)	SYMPTOM	SEVERITY (1-10)
	Chronic pain	
	- Gastrointestinal pain	
	- Neuropathy	
	- Arthritis	
	Lack of appetite	
	Nausea and/or vomiting	
	Muscle spasms	
	Muscle spasticity	
	Tremors	
	Insomnia	
	Seizures	
	Anxiety	
	Self-injurious behavior	
	Other:	

## ADDITIONAL QUESTIONS

	YES	NO	N/A OR UNKNOWN
Does the patient have a heart condition or heart disease?			
Is the patient currently pregnant, think they may be pregnant, or planning to become pregnant?			

Please list **ALL** medications, supplements, nutraceuticals, vitamins, and herbal products the patient is currently taking.

PRODUCT	DOSE	FREQUENCY	CONDITION BEING TREATED		
			YES	NO	N/A OR UNKNOWN
Is the patient currently taking Clobazam (Frisium, Urbanol, Onfi)					
Is the patient currently taking Valproate (Convulex, Depakote, Epilim, Stavzor)?					
Is the patient currently taking Warfarin (Coumadin, Jantoven)					
Has the patient ever experienced a severe adverse event related to a medication OR does the patient consider themselves to be medicationsensitive?					
If yes to above, please list the medication(s):					

Please list any known allergies the patient has to medication(s) or food:

PRODUCT/ALLERGY

What is your current quality of health **BEFORE** cannabis treatment?

Very Bad   
  Bad   
  Neither Good nor Bad   
  Good   
  Very Good

**CANNABIS HISTORY**

Patient's level of experience with cannabis:

No Experience   
  Some Experience   
  Experienced

If the patient has used cannabis in the past, please list the method(s) of consumption, dose (if known), CBD:THC ratio (if known), and frequency.

PRODUCT	FREQUENCY

MedPharm Iowa Patient Consultant Notes (To be filled out by the MPI staff)