



ANNUAL VISIT WORKSHEET

Name _____ Date _____

Address _____ City _____ Zip Code _____

Phone number(s) _____ Date of Birth _____

What is your qualifying medical condition: _____

Please list any **procedures** or **surgeries** you have had in the last year: _____

Please list any **new diagnoses** or **conditions** _____

Please list any **new medications** you are taking _____

Please check the areas medical marijuana has helped you with in the last year:

Sleep Appetite Pain relief Anxiety Nausea relief Reducing other medications

Are there other improvements you'd like to tell us about? _____

Are you experiencing any negative side effects from marijuana? _____

Have you had any legal problems since we saw you? Y N

If yes, please explain _____

What modes of administration do you use (circle all that apply) *Smoke* *Vaporiser* *Edibles* *Topicals*

What strains work best? _____

How much do you use per week (estimate)? _____

When do you usually medicate? _____

***We want to keep on file for you any new medical records from your other doctor visits.
Please send medical records from any visits with other physicians over the past year, and during the next year.***