embodywellness
OBSTETRICS • GYNECOLOGY

Medical Marijuana Patient Information

Patient Name:_____

MEDICAL HISTORY: (PLEASE CIRCLE ALL THAT APPLIES)

☐ **AIDS** ☐ **Alzheimer's disease** ☐ **Cancer _____**

☐ **Amyotrophic lateral sclerosis (ALS)** ☐ **chronic traumatic encephalopathy**

☐ **Chron's disease** ☐ **fibromyalgia** ☐ **glaucoma** ☐ **Hep C** ☐ **IBD –inflammatory bowel disease**

☐ **MS (multiple sclerosis)** ☐ **pain that is either chronic/severe/or intractable**

☐ **Parkinson's disease** ☐ **HIV** ☐ **PTSD** ☐ **seizures/Epliepsy**

☐ **Sickle cell anemia** ☐ **spinal cord disease or injury**

☐ **Tourette's syndrome** ☐ **TBI (traumatic brain injury)** ☐ **ulcerative colitis**

Did you bring medical record proof of an above diagnosis:_____

<u>Drug Use History</u>: (PLEASE CIRCLE ALL THAT APPLIES) How many years:_____

Heroin – amount:_____ Date last used:_____

Oxy – amount:_____ Date last used:_____

Percocet, Vicodin-amount:_____ Date last used:_____

Cocaine – amount:_____ Date last used:_____

Benzos (Klonopin, Xanax, Ativan, etc) – amount:_____ Date last used:_____

Do you have a history of any other addictive behaviors?

☐ Gambling ☐ Sex ☐ Shopping ☐ Eating Disorder (over eating, bulimia, anorexia)

<u>Addiction Treatment History</u>

Have you ever been in a medically assisted treatment program before? _____Yes _____No

If yes, what medication were you on ?_____
Name of clinic:_____

How long have you been in treatment?_____

Smoking History: Cigarettes_____ Marijuana_____

Alcohol use: Daily____ Weekly_____ Socially_____

Mental Health History:

Have you even been diagnosed with any of the following mental health conditions? **Please circle**

- ☐ Depression
- ☐ Obsessive compulsive disorder (OCD)
- ☐ Anxiety
- ☐ Post traumatic stress disorder (PTSD)
- ☐ Bipolar
- ☐ Attention Deficit Disorder (ADD)
- ☐ Schizophrenia
- ☐ Panic Attacks

MEDICATIONS Prescribed to you: Please list medication and reason

_____

_____

_____

ALLERGIES:

_____