New Patient Intake Form

The New Patient Intake Form is required to be completed by the patient and/or caregiver on the first visit to Firelands Scientific Dispensary. We will use this information to create an account profile within our systems to better help and guide you through your medical cannabis journey.

You will still need to bring valid forms of ID.



(MM/DD/YYYY)

Patient Inform	ation								
First Name		Last Name		Suffix	Preferred Name (if applicable)		e	Date of Birth	
Address Contact Inform									
Preferred Metho	Email	ddress Phone			one Number				
Opt-in: I authoriz								tions, Yes O	No
MMJ ID Informa	<u> </u>								
MMJ ID #			Issue Date				Expiration D	Date	
State ID Informa	tion								
State ID #			Issue Date				Expiration D	Date	
Are you registered	ed as:	_							
Veteran Status	∀es	○ No		Terminal		O Yes	○ No		
Indigent Status	Yes	○ No		Industry		Yes	○ No		
Caregiver Inform	mation								
First Name		Last Name		Relation	nship			Date of Birth	1
Caregiver MMJ	ID#		Ca	aregive	er ID #				
Consent Form By selecting yeaccepted the (es, you agr		ave read and	(Yes	O No	Prir	nt and bring with	ı yol
Patient Signatur	е.				aregive	er Signatur	e (if applicable	e) Date	

(MM/DD/YYYY)

Code of conduct



To maintain a safe environment for **ALL customers and staff**, the following conduct is expected of all persons who enter this dispensary:

- For the protection of our patients' privacy, and for security reasons, no photography or video recordings are permitted in the dispensary.
- No food or beverages may be consumed on the sales floor during hours that cannabis is being dispensed, unless necessary for medical reasons.
- No loitering outside of the dispensary before or after completing a transaction.
- No consumption or vaporization of cannabis in the dispensary, the parking lot, or the surrounding area.
- I will not open any cannabis product package in the dispensary or parking lot.
- Wait until reaching a private residence/property before opening any cannabis product.
 Open products in the vehicle or in public may violate local and state laws.
- Do not distribute, sell, or share your cannabis products. Doing so violates local and state laws.
- Any inappropriate action or language is cause for being asked to leave the dispensary. Repeated offenses will result in a permanent refusal of service.
- I acknowledge that I am authorized to purchase medical marijuana in Ohio as a patient or as a caregiver on behalf of the patient identified in this transaction.
- By signing this document, I agree to be bound by Firelands Scientific Dispensary's Terms of Use and Privacy Policy.

This facility reserves the right to stop dispensing medical marijuana to me if unable to follow the following guidelines:

- If my behavior is inconsistent with the responsibilities listed above.
- If I am misusing medical marijuana or other drugs.
- If I enter the dispensary impaired and unable to operate a vehicle without a designated driver/caregiver.
- If I conduct myself in a disruptive, offensive, or belligerent manner towards employees or patients while in the dispensary.
- If caught using medical cannabis in Firelands Scientific Dispensary's parking lot.