

New Patient Intake Form

1. Patient Information

First Name

Middle Initial

Last Name

Suffix

Preferred Name (if applicable)

Gender

Date of Birth

Address:

Apt./Unit #:

2. Contact Information

Preferred Method of Contact:

Email Address:

Opt-in: can we contact you via the provided email address?

Yes No

Cell Phone:

Opt-in: can we contact you via the provided cell phone number?

Home Phone:

3. Provide MMJ ID Information

MMJ ID#

Issue Date

Expiration Date

4. Upload a photo of your MMJ ID

5. State ID Information

State ID #

Issue Date

Expiration Date

6. Upload a photo of your ID

7. Are you registered under "Terminal"?

- Yes
- No

8. Are you registered as:

- Veteran
- Indigent
- N/A

9. Physician and Qualifying Condition(s)

Who is your recommending physician?

Qualifying Condition

- ALS
- AIDS
- Alzheimer's Disease
- Cachexia, wasting syndrome
- Cancer
- Chronic Pain
- Crohn's Disease
- CTE
- Epilepsy (seizures)
- Fibromyalgia
- Glaucoma
- HIV
- Hepatitis C
- IBD
- MS
- Parkinson's Disease
- PTSD
- Sickle Cell Anemia
- Spinal Cord Injury
- Tourette Syndrome
- TBI
- Ulcerative Colitis

Symptoms

10. Cannabis Experience

Have you used cannabis in the past?

- Yes
- No
- Somewhat

Strain Preference

- Sativa
- Indica
- Hybrid
- CBD

Product Preference

- Flower
- Concentrates
- Vape Pen/Pod
- Edibles
- Capsules
- Tinctures
- Topicals/Lotions
- Transdermal Patches

Phytochemical Profile Preference

- THC Rich
- Mixed Ratio
- CBD Rich

11. Caregiver Information

Caregiver MMJ ID #

Caregiver ID #

Caregiver's Date of Birth

12. Emergency Contact

Name

Relationship

Date of Birth

13. By checking this box, I authorize Firelands Scientific Dispensary to use my personal information for marketing purposes, including but not limited to contacting me at the cell phone number provided via an automatic text message delivery system with promotional and direct marketing messages. Having provided my affirmative consent to be contacted for marketing and advertising purposes, I understand that consent is not required as a condition of my purchasing any goods or services, and I may opt-out of marketing messages at any time.

- I confirm
- I do not consent

Patient Signature

Signature

Caregiver Signature

Signature

14. Signature

Date of Signing

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 the Firelands Scientific Dispensary parking lot.

Client Signature

Date

COVID Safety

- I have not tested positive for COVID-19 in the past 14 days.
- I am not currently awaiting results from a COVID-19 test taken within the past 14 days.
- I am not experiencing any COVID-19 symptoms such as fever, chills, fatigue, runny nose, cough, severe headache, sore throat, body aches, shortness of breath, or new loss of taste/smell.
- In the past 14 days, I have not been in contact with someone who is COVID-19 positive for more than a cumulative total of 15 minutes in a 24-hour period (for example, 3 times for 5 minutes each).

Client Signature

Date