



Cannabis Therapy Intake Form

CannaCauses specializes in Cannabis Therapy, advocacy, research and education.

We do NOT buy or sell any cannabis products, however can recommend quality third-party products and dosing instructions upon request.

CANNA Causes
FOUNDATION

www.CannaCauses.org

PHOTO ID REQUIRED with SUBMITTAL

Referred by: _____

Physicians Name: _____ Tel# _____

Does your physician make MMJ recommendations? **YES NO**

First Name: _____ Last: _____

Age: ____ Ht: ____' ____" Wt: _____

Address: _____ Unit: ____ City _____ State ____ Zip _____

Tel: _____ Email: _____ Male ____ Female ____

Diagnosis: _____ Stage/Type: _____ Diagnosis Date: _____

Caregiver: _____ Relationship: _____ Email: _____ Tel: _____

PLEASE RATE THE FOLLOWING

On a scale of 1 to 10, 10 being the worst rate on AVERAGE the following.

Note: Rate before taking current medication and after taking current medication.

Condition	Before	After	Medication	How Long	Miligrams Taken Daily	Effectiveness & Side Effects
Rate all that apply	10	4	Oxycodon	8 yrs	60mg/20mg 3x a day	doesn't work, causes nausea, makes me tired
Anxiety						
Depression						
Seizures						
Neuropathy						
Spasticity						
Sleep						
Pain						
Fibromyalgia						
Migraines						
Joint Pain (Arthritis)						
Muscle Pain						
Psoriasis, dry skin						
Tremors						
Chemotherapy						
OTHER						
1						
2						
3						

By signing below you agree to allow CannaCauses the use of your data anominously for the purposes of research, studies and marleting. We take your privacy seriously. Your personal information will **never** be shared and will be held in strict confidence and will only be used to further research and education. When reporting data, we will never use "Susan Smith said ..." but rather these results are presented in aggregated form like "63% of respondents said ..." CannaCauses expertise is Cannabis Therapy coaching, education and data collection. We do NOT provide, buy or sell any cannabis products. All third-party products must be tested and vetted by CannaCauses and its third-party lab prior to being recommended.

MMJ ID# _____ State _____

Must be 21 to apply.

Applicant or Legal Guardian Signature

Email: info@CannaCauses.org

8-2020 For questions please call (424) 321-9563 leave a detailed message if noone answers and someone will return your call ASAP.

"Everyone deserves the medicine they need"