Email completed form to: canneducateva@gmail.com

CannEducate Virginia, LLC - Information Form

Name _____ DOB _____

Address _____ Phone Number _____

Email _____ Occupation? _____

What is your preferred method of communication? phone/email/text (please circle one)

Are you a registered medical cannabis patient in Virginia? YES or NO (please circle one)

Who provided your written recommendation for medical cannabis? _____

For what condition/ailment are you seeking to benefit from medical cannabis?

_____

Current medications? (including vitamins, supplements, herbals, etc)

Medication	Amount used daily	For what condition?

Do you have any Allergies? YES or NO (please circle one) If YES, please describe.

_____

Do you have a caregiver or other support at home, i.e., spouse/partner/family? Please describe.

_____

What is your experience with cannabis? Past/present use? Please describe.

Prior/current "recreational" use

_____

_____

Prior/current medical use

_____

_____

Have you experienced any undesirable effects from cannabis? Please describe.

_____

What is your preferred method of cannabis consumption, i.e., smoking, vaping, oils/tinctures, edibles, topicals, etc. (Please circle or describe below)

_____

Do you have any other health conditions, i.e., asthma, COPD, liver/renal disease, high blood pressure, cardiac, or psychiatric conditions, etc.? Please describe below.

_____

Do you use any illicit drugs (past or present) or non-prescription medications other than cannabis? YES or NO (please circle one) If yes, please describe.

_____

Do you have a location to properly and securely store your cannabis and keep it safely away from others, especially those under the age of 21? YES or NO (please circle one).

MEDICAL ADVICE DISCLAIMER: The information, including but not limited to, text, graphics, images and other material contained in this website and through the services provided by CannEducate Virginia, LLC are for informational purposes only. No material shared with our clients is intended to be a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your physician or other qualified healthcare provider with any questions you may have regarding a medical condition or treatment, and before undertaking a new health care regimen. Do not disregard professional medical advice or delay in seeking it because of something you have read or heard through any other resources.

By signing this form below, you acknowledge that you have read and understand this medical advice disclaimer, and that you have completed this form truthfully and to the best of your knowledge.

_____ Date _____

Signature

_____

Printed Name