

Vibrant Health Clinic  
Patient Information Sheet

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

SSN: \_\_\_\_\_ Military Veteran: \_\_\_\_\_ Yes \_\_\_\_\_ No

Email (don't worry, we won't share this information with anyone—just to send you updates and reminders) \_\_\_\_\_ .com

We would love to know how you heard about us! If a friend referred you, please write their name here so they can benefit from our friend referral program:

Your primary Physician or Chiropractor: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

--You understand that Vibrant Health Clinic is a consulting clinic and is not authorized to sign a Physicians Certification for the State of Colorado.

--You understand that only a licensed MD or DO is authorized to sign the Physicians Certification.

-- You understand that Vibrant Health Clinic does not offer a guarantee of service, recommendation, or certification of any kind. All sales are final and no refunds are issued.

--You understand that Vibrant Health Clinic and any Physician associated with their treatment plan recommend a follow-up appointment to see how your medication is working within 6 months of your initial visit.

Please sign and date below to acknowledge you understand and agree with above:

Patient's printed name: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you! ☺

Gedde Whole Health

Vibrant Health Clinic

[www.vibranthealthclinic.com](http://www.vibranthealthclinic.com)

Phone: 719-216-8367

## Patient Signature Page

I am consulting with the doctors at Vibrant Health Clinic in order to obtain a Medical Marijuana Registry Identification card to use for medication needs as outlined by Colorado law.	Yes	No
Information that I share with the doctors in order to obtain a Medical Marijuana Registry Identification card is truthful, non-fraudulent, accurate and correct.	Yes	No
I understand that my medical consultation is protected by standard HIPPA and medical confidentiality laws.	Yes	No
I understand that use, possession, distribution and manufacture of marijuana are federal crimes in Colorado and a Medical Marijuana Registry Identification card does not protect me from federal criminal prosecution.	Yes	No
I have read the Medical Marijuana Registry Patient Information sheet and will ask the doctor any questions I have about it during my appointment.	Yes	No

Patient  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

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## PATIENT MEDICAL HISTORY FORM

*Please answer each question to the best of your ability.*

Name: \_\_\_\_\_ Age: \_\_\_\_\_

1. Please check any of the following medical conditions you are currently experiencing:

- |                   |  |
|-------------------|--|
| a) _____ Cancer   | e) _____ Severe Pain                           |
| b) _____ Glaucoma | f) _____ Severe Nausea                         |
| c) _____ HIV/AIDS | g) _____ Persistent Muscle Spasms              |
| d) _____ Seizures | h) _____ Cachexia (severe underweight)         |
|                   | i) _____ PTSD (Post Traumatic Stress Disorder) |

If you checked Severe Pain, please describe the cause of the pain: \_\_\_\_\_

\_\_\_\_\_

2. Please give details of the medical condition checked above. How long have you had it?

\_\_\_\_\_

What is the cause (if known) \_\_\_\_\_

\_\_\_\_\_

3. What medications are you currently taking? \_\_\_\_\_

\_\_\_\_\_

Do you currently use cannabis?  No  Yes If yes, in what forms? (please check all that apply)

Vaporized  Smoked  Edible  Topical

What herbal or vitamin supplements are you taking? \_\_\_\_\_

\_\_\_\_\_

**PATIENT MEDICAL HISTORY FORM**

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4. Please list any chronic illness (diabetes, heart disease, asthma, etc.) and how long you have had it:

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Please list any surgeries (type and year): \_\_\_\_\_

Please list any significant accidents or injuries: \_\_\_\_\_

Please note any treatment for psychiatric illness including addiction (type and year): \_\_\_\_\_

5. Do you smoke / use tobacco?  No  Yes If yes, please give details: \_\_\_\_\_

What is your average weekly alcohol intake and what kinds? \_\_\_\_\_

Please describe your work situation \_\_\_\_\_

Please describe your home situation \_\_\_\_\_

How well do you sleep? \_\_\_\_\_

How well do you eat? \_\_\_\_\_

How often do you exercise? \_\_\_\_\_

6. Height \_\_\_\_\_ Weight \_\_\_\_\_ What do you feel is your ideal weight? \_\_\_\_\_

7. How do you rate your general health?  Excellent  Good  Fair  Poor

8. Women: Are you pregnant: \_\_\_\_\_ Yes \_\_\_\_\_ No

Please check that you have answered each question.

Thank you 😊