

Vibrant Health Clinic

Patient Information Sheet

Patient Name: _____ Date: _____

Address: _____

Home phone _____ Cell _____ Date of birth: _____

SSN: _____ Military Veteran: _____ Yes _____ No

Email (don't worry, we won't share this information with anyone—just to send you updates 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 Physician Certification for the State of Colorado.

--You understand that only a licensed MD or DO is authorized to sign the Physician 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!

Vibrant Health Clinic

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
Yes No as outlined by Colorado law.

Information that I share with the doctors in order to obtain a Medical Marijuana Registry Identification card is truthful, non-fraudulent, accurate
Yes No and correct.

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.

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)

PATIENT MEDICAL HISTORY FORM

Please answer each question to the best of your ability.

Name: _____ Age: _____

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

- a) _____ Cancer f) _____ Severe Pain
b) _____ Glaucoma g) _____ Severe Nausea
c) _____ HIV/AIDS h) _____ Persistent Muscle Spasms
d) _____ Seizures i) _____ Cachexia (severe underweight)
e) _____ Autism j) _____ 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
Page 2

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

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 ☺