Please place a check next to any conditions you have been diagnosed with or are currently experiencing:

___Appetite Changes
___Bowel Movement Changes
___Intestinal Cramps
___Loss of Weight
___Nausea
___Vomiting
___Asthma
___COPD/Emphysema

___Heart Disease
___High Blood Pressure
___On Blood Thinning Medication
___Diabetes

___Kidney Damage
___Liver Disease
___Liver Fibrosis
___Skin Rashes

___Anxiety
___Bipolar disease
___Depression
___Schizophrenia
___Sleep Disturbances
___Hallucinations

___Acquired Immune Deficiency Syndrome (AIDS)
___Amyotrophic Lateral Sclerosis (ALS)
___Cancer
___Chronic Pain
___Chronic Traumatic Encephalopathy (CTE)
___Epilepsy or Other Seizure Disorder
___Fibromyalgia
___Glaucoma
___Hepatitis C
___Inflammatory Bowel Disease
  ___Chron's Disease
  ___Ulcerative Colitis
___Multiple Sclerosis
___Parkinson's Disease
___Positive For HIV
___PTSD
___Sickle Cell Anemia
___Spinal Cord Injury or Disease
___Tourette's Syndrome
___Traumatic Brain Injury

Please list:

Reasons for taking current medications:

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Negative side effects from medications you are taking or have taken in the past:

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The benefits you hope to obtain from cannabis:

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