

# C.A.R.E.S.

Charles D Manter DO PC

\_\_\_\_\_  
Last Name First Name MI (\_\_\_\_) \_\_\_\_\_  
Phone

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number / / Date of Birth M F Gender \_\_\_\_\_  
Email

\_\_\_\_\_  
Street Address City State Zip Code

TO OBTAIN A MEDICAL MARIJUANA CARD, YOU **MUST** HAVE ONE OF THE FOLLOWING CONDITIONS. (Check one or more)

\_\_\_\_ CANCER                      \_\_\_\_ CACHEXIA                      \_\_\_\_ PERSISTANT MUSCLE SPAMS  
\_\_\_\_ GLAUCOMA                      \_\_\_\_ SEVERE NAUSEA                      \_\_\_\_ HIV OR AIDS  
\_\_\_\_ SEVERE PAIN                      \_\_\_\_ SEIZURES                      \_\_\_\_ POST TRAUMATIC STRESS

***NOTE: STRESS, ANXIETY AND DIFFICULTY SLEEPING ARE NOT RECOGNIZED BY COLORADO AS LEGITIMATE REASONS TO RECEIVE A MEDICAL MARIJUANA CARD!!***

DIAGNOSIS \_\_\_\_\_ DATE FIRST DIAGNOSED \_\_\_\_\_

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SYMPTOMS \_\_\_\_\_

TREATMENTS TRIED? \_\_\_\_\_

You experience symptoms how many times? \_\_\_\_ Daily \_\_\_\_ Weekly \_\_\_\_ Monthly

Your symptoms are: \_\_\_\_ Staying the same \_\_\_\_ Getting Worse \_\_\_\_ Getting better

How bad is your problem? (mild) \_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_ 6 \_\_\_\_ 7 \_\_\_\_ 8 \_\_\_\_ 9 \_\_\_\_ 10 (severe)

Your problems interfere with work/social activities: \_\_\_\_ None \_\_\_\_ Infrequently \_\_\_\_ Frequently

If you experience pain, the quality of your pain is: \_\_\_\_ Sharp \_\_\_\_ Burning \_\_\_\_ Tingly \_\_\_\_ Dull \_\_\_\_ Stiff

\_\_\_\_ Numb \_\_\_\_ Achy \_\_\_\_ Other \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_