

Holistic Evaluations

11201 SE Kent-Kangley RD. Suite 101 Kent, WA. 98030

(206)303-0246

Fax 1-888-413-2788

Name: _____ Birthdate: _____ Gender: _____ Date: _____

How did you hear about us? _____ Have you had an authorization in the past? No YES, Year _____

Address: _____ City/Zip: _____ Phone#: C: _____ H: _____

Email: _____ Emergency Contact: _____ #: _____ Relationship: _____

How would you like to receive your reminder to renew? Cell Home Email

Medical History

Allergies: _____ OR See attached document Date of last Physical: _____

Current Medications (include dosage): _____ OR See attached document

Previous Hospitalizations and Operations: OR See attached document

Primary Care Doctor: _____ Clinic Name: _____ Address: _____ Phone#: _____

Specialist: _____ Clinic Name: _____ Address: _____ Phone#: _____

Describe the condition that brings you here today: _____

Check all that apply:

QUALIFYING CONDITION	YES	YEAR BEGAN	QUALIFYING CONDITION	YES	YEAR BEGAN
Cancer			Spasticity		
PTSD			Chronic Pain		
HIV/AIDS			Glaucoma		
Multiple Sclerosis			Crohn's Disease		
Seizures			Hepatitis C		
Epilepsy			Anorexia		
Chronic Renal Failure			Severe Nausea		
Chronic Vomiting			Appetite Loss		
Wasting Syndrome			Cramping		
Motion Sickness			Muscle Spasms		
Bowel Condition			Constipation		
Arthritis			Intractable Pain		
Migraines			ALS		

Has Cannabis helped reduce or eliminate any medications that have been prescribed for your qualifying condition?

Yes No

If yes, which medications: _____

Have you ever had an allergic reaction to cannabis? Yes No

If yes, please explain: _____

How often do you medicate with Cannabis?

Almost every day 1-2 times a week
 Few times per month

On Average, How much do you consume on a day of consumption?

Less than 1 gram

1-3 grams

More than 3 grams

What is your preferred method of consumption?

Smoke

Vaporize

Edibles

Topical

Extracts

X Signature _____ Date _____

I certify that the above information is correct. I understand my information is protected by Federal and State laws and will not be disclosed to anyone outside of Holistic Evaluations, LLC without my written consent.

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