

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#: Cell: _____ Home: _____

Email: _____ Emergency Contact: _____ #: _____

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

Medical History

Allergies: _____ OR See attachment 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: _____ Phone#: _____

Address: _____ City: _____ State: _____ Zip code: _____

Specialist: _____ Clinic Name: _____ Phone#: _____

Address: _____ City: _____ State: _____ Zip code: _____

Describe the condition that brings you here today: _____

Check all that apply:

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

Has Cannabis helped reduce/eliminate any medications that have been prescribed for your qualifying condition? No Yes

If yes, which medications: _____

Have you ever had an allergic reaction to cannabis?

No Yes If yes, please explain: _____

How often do you medicate with Cannabis?

Almost every day 1-2X a week Few times a 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(s) of consumption?

Vaporize Edibles Topical Extract Smoke

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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