

HolisticEvaluations

Office: 11201 SE Kent-Kangley Rd #101 Kent, WA 98030

Mailing: 10612 SE 240th St, PO BOX 6238, Kent WA 98031

Phone: 206-303-0246 **Fax:** 888-413-2788

Email: holisticevaluations@gmail.com

Date: _____
 Name: _____ Birthdate: _____ Gender: _____ Age: _____
 How did you hear about us? _____ Have you had an authorization the past? NO Yes, Year _____
 Residential Address: _____ City: _____ Zip: _____
 Mailing Address: _____
 Phone: Cell: _____ Home: _____
 Email: _____ Emergency Contact: _____ #: _____

Medical history

Allergies: _____ OR *see attachment* Date of last physical: _____

Current Medications (include dosage): or *see attachment*

Previous Operations: or *see attachment*

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

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

Specialist: _____ Clinic Name: _____ Phone#: _____

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

★ **Why are you seeking Medical Cannabis? (Please list condition(s) and origin of cause):** _____

Are you pregnant? Yes No N/A *Disclaimer: If you become pregnant while using any cannabis product you are advised to immediately stop usage and consult with your physician.

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 Vomiting			PTSD		
Constipation			Seizures		
Cramping			Severe Nausea		
Crohn's Disease			Spasticity		
Epilepsy			Traumatic Brain Injury		
Glaucoma			Wasting Syndrome		

Which benefits will help you the most by having your Medical card?

- ___ Discounts on product at shops
- ___ Purchase larger quantities
- ___ Growing (6-15 plants)
- ___ Employment clearance
- ___ Legal Support
- ___ Arrest protection
- ___ Under 21 access to cannabis
- ___ All of the above
- ___ Other _____

X Signature _____ **Date** _____

I certify that I have read and agree to the disclaimer and that all of 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.