



<b>Name:</b>		<b>GP:</b>	
<b>Address:</b>		<b>GP Medical Practice:</b>	
<b>DOB:</b>		<b>NHI:</b>	
<b>Phone number:</b>		<b>Date of consultation:</b>	
<b>DO YOU GIVE US CONSENT TO ACCESS YOUR HOSPITAL MEDICAL RECORDS? YES NO</b>			
<b>PLEASE LIST ALL YOUR MEDICAL CONDITIONS? Diabetes, Epilepsy, Anxiety etc</b>			
Have you or anyone in your family ever been diagnosed with Schizophrenia?		<b>YES</b>	<b>NO</b>
Have you or anyone in your family ever had a Psychotic episode?		<b>YES</b>	<b>NO</b>
Are you pregnant?		<b>YES</b>	<b>NO</b>
Do you have a history of addiction or substance abuse?		<b>YES</b>	<b>NO</b>
<b>ARE YOU TAKING ANY REGULAR MEDICATIONS? (If so, please list them)</b>			
<b>HOW DO YOU THINK CBD OR THC WILL HELP YOU?</b>			
<b>ARE YOU ALLERGIC TO ANY MEDICATIONS?</b>			
<b>FOR DOCTOR: EXAMINATION</b>			
BP	P	O2 SATS	TEMP