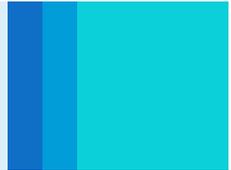




8421 W. Broadway Ave.
 Brooklyn Park, MN 55445
 Tel: 952-212-0911 Fax: 651-300-1956
 Email: assuredclinic@gmail.com



Patient's Name: _____ Date: _____

Qualifying Condition(s): _____

1. On a scale of 0-7 (0 being "No benefit" and 7 being "A great deal of benefit"), how has Medicinal Cannabis improved your Qualifying Condition(s)? *(please circle the number)*

0	1	2	3	4	5	6	7
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Please Explain: _____

2. Have you had any negative effects from the Medicinal Cannabis? *(please tick all that apply)*

- allergy nausea vomiting intolerance
 other: _____

3. Have you stopped using the Medicinal Cannabis only to experience worsening symptoms of the Qualifying Condition(s)?

- YES NO Not Applicable

4. How does (or did) Medicinal Cannabis affect your conditions or symptoms overall? *(please tick one only)*

- gives me great relief I feel a little worse
 gives me a little relief I feel a lot worse
 made no difference

5. Did you decrease or discontinue your use of other medicines when you started using Medicinal Cannabis for your condition(s)?

- YES NO

6. Have you, or did you, tell any health service providers about your Medicinal Cannabis use?

- YES NO

If yes, who and were they supportive? *(please tick all that apply)*

- your GP
 your specialist
 nurse
 psychologist, counselor, or mental health provider

Supportive?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO