

PRESENT MEDICAL CONDITION**Patient's Name** _____ **Date** _____**What is the primary medical condition, injury or illness for which you use marijuana as medicine?**_____

Date of onset of illness or injury _____

Describe any treatment, surgery or medication prescribed for your condition or any alternative care. Be as complete and as accurate as possible.

_____**Secondary medical condition, injury, or illness for which you use marijuana as medicine?**_____

Date of onset of illness or injury _____

Describe any treatment, surgery or medication prescribed for your condition or any alternative care. Be as complete and as accurate as possible.

List any other medical reason for which you use marijuana as medicine. _____

How does marijuana help your condition? _____

Does marijuana reduce your need for prescribed medications? ___ Yes ___ No

Do you use marijuana to alleviate unwanted side effects of any prescribed medications or treatments?

___ Yes ___ No. If yes, list these side effects and how using marijuana helps. Be as complete and

as accurate as possible. _____

Have you experienced any unwanted side effects from using marijuana as medicine?

___ Yes ___ No If yes, please describe. _____
