



**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. \_\_\_\_\_

\_\_\_\_\_