

# PATIENT INTAKE FORM

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PATIENT NAME: FIRST, MIDDLE, LAST

\_\_\_\_\_  
MEDICAL MARIJUANA CARD #

\_\_\_\_\_  
DRIVER'S LICENSE #

## PATIENT INFORMATION

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
GENDER

\_\_\_\_\_  
DO YOU HAVE A LICENSED CAREGIVER?

\_\_\_\_\_  
CAREGIVER NAME / CAREGIVER ID #

\_\_\_\_\_  
ARE YOU INDIGENT?

\_\_\_\_\_  
ARE YOU A VETERAN?

\_\_\_\_\_  
REFERRED BY

SIGNATURE REQUIRED ON BACK



1. I certify that I am a qualified patient under the rules and regulations established by the State of Ohio Medical Marijuana Control Program.
2. I am a legal resident of the State of Ohio.
3. I am and will continue to be in compliant with the State of Ohio Medical Marijuana Control Program.
4. I acknowledge that obtaining Medical Marijuana from “Consume Anderson Township” does not exempt a qualified patient or caregiver from prosecution under Federal Law and penalties provided by Federal Law.
5. I understand that smoking of medical marijuana is not permitted per Ohio law.
6. I understand that I should not be driving a vehicle while using marijuana and that I can get a DUI for driving under the influence.
7. Medical Marijuana is not FDA approved.
8. I understand that Medical Marijuana should not be used by women who are pregnant or breastfeeding.
9. I agree to indemnify and hold “Consume Anderson Township ” harmless for any consequences resulting from the use or purchase of Medical Marijuana.
10. I am aware that medical marijuana has not been approved under Federal Regulations and I understand that medical marijuana has not been deemed legal under federal law.
11. I do not intend to use my medical recommendation for the purpose of illegally obtaining, growing or distributing medical marijuana.

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**PATIENT SIGNATURE**

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**DATE**