# NEW PATIENT INTAKE FORM

ZENLEAFOH.COM

## PATIENT INFORMATION

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Can we text you updates and deals from our dispensary? Yes ☐ No ☐

Email _____

Can we contact you via email for our newsletter, product information, and pre-orders? Yes ☐ No ☐

Birthdate (mm/dd/yyyy) _____ Age _____ Gender M ☐ F ☐

Patient ID# _____ Expiration Date _____

Driver's License _____

## CERTIFYING PHYSICIAN INFORMATION

Name _____ Phone _____

## ADDITIONAL INFORMATION

Have you used Cannabis in the past? ☐ Yes ☐ No if yes, ☐ Medicinal ☐ Recreational

Do you use Cannabis now? ☐ Yes ☐ No

How did you hear about us? ☐ Internet _____ ☐ Patient Referral _____ ☐ Other _____

Zen Leaf is not liable for any harm resulting to me and/or other individuals as a result of my medical cannabis use. Possible side effects of medical cannabis can include but are not limited to: increased heart rate, euphoria, dysphoria, confusion, low blood pressure, dizziness, sedation, inability to concentrate, anxiety, overeating, impairment of short term memory, and impairment of motor skills. By purchasing medical cannabis from Zen Leaf, I agree to remain in compliance with the Ohio Medical Marijuana Control Program.

Name _____ Date _____

## CAREGIVER CONTACT INFORMATION (IF APPLICABLE)

Name of Caregiver _____

Caregiver ID# _____ Expiration Date _____

Address _____

Email _____ Phone # _____

Under Federal law cannabis remains a schedule 1 substance.