



zenLEAF

NEW PATIENT INTAKE FORM

ZENLEAFDISPENSARIES.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 of Ohio 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, over-eating, 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.