



# NEW PATIENT INTAKE FORM

## Patient Information

### Name

First

Last

### Mailing Address

Address Line 1

Address Line 2

City/Town

ZIP

### Phone Numbers

Home (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_

Other (\_\_\_\_\_) \_\_\_\_\_

### Massachusetts Patient Registration Number

Exp. Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Birth

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Email Address

Gender

### Do you want to be added to our email newsletter?

Yes

### Preferred Contact Method

Home Phone  Email  Cell Phone  Text

### Are you willing to participate in our annual patient survey?

Yes

## Caregiver Information (if applicable)

### Name

First

Last

### Mailing Address

Address Line 1

Address Line 2

City/Town

ZIP

### Phone Numbers

Home (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_

Other (\_\_\_\_\_) \_\_\_\_\_

## Information For Patients

It is recommended that patients begin with the smallest dose possible and adjust accordingly over time.

- For discussion on tolerance of marijuana, as well as the possibility of dependence and withdrawal, please visit: <http://www.dependency.net/learn/marijuana/>
- For information on substance abuse signs and symptoms, please visit: [http://www.helpguide.org/mental/drug\\_substance\\_abuse\\_addiction\\_signs\\_effects\\_treatment.htm](http://www.helpguide.org/mental/drug_substance_abuse_addiction_signs_effects_treatment.htm)
- Registered qualifying patients may not distribute marijuana to any other individual. All unused, excess, or contaminated product must be returned to the Temescal location from which the product was purchased for proper disposal.

## ACKNOWLEDGMENTS

Please initial next to each acknowledgment below as well as sign and date the form.

> I attest that I will not engage in the diversion of marijuana. I understand that fraudulent distribution or resale of medical marijuana is a felony punishable by up to 5 years in prison.

> I have not applied for nor received a hardship cultivation registration.

> I understand that my registration card does not allow me to cultivate marijuana for any purpose.

> I understand that my registration card only allows me to possess and use marijuana for medical purposes within Massachusetts.

> I understand marijuana has not been analyzed or approved by the FDA, including marijuana produced by Temescal Wellness.

> I understand there is limited information on the side effects of marijuana, including marijuana produced by Temescal Wellness.

> I understand there may be health risks associated with using marijuana, including marijuana produced by Temescal Wellness.

> I understand marijuana, including marijuana produced by Temescal Wellness should be kept away from children.

> I understand that when under the influence of marijuana, driving is prohibited by M.G.L. c. 90, s. 24, and machinery should not be operated.

> I understand I may not distribute marijuana to any other individual, and must return unused, excess, or contaminated product(s) purchased at Temescal Wellness to a Temescal Wellness dispensary for disposal.

> I agree at all times to abide by Massachusetts law in regards to my use of medical marijuana, and hereby release and waive all claims against Temescal Wellness from any and all liability related to my use of medical marijuana.

> I agree not to bring any weapons or anything that can be used as a weapon into Temescal facilities.

> I agree to the use of medical marijuana in a way that does not endanger the health and well being of any person.

> I understand that Temescal Wellness may refuse to dispense medical marijuana to me if in the opinion of the dispensary agent, the public or myself will be placed at risk by so doing. In this event I understand that my certifying physician will be notified within 24 hours.

> I authorize my information to be shared between Temescal Wellness facilities.

> I have received the Temescal Wellness patient handbook.

Print Name

Sign Name

Date