

## Welcome!!

Dr. Gil's office is happy to welcome you! Congratulations on taking a significant first step in finding a better solution for your debilitating medical ailment. In a short while you will be speaking with a well renowned Doctor approved to prescribe medical marijuana. Before the process begins we request you complete the attached intake forms to ensure you are indeed a candidate under Florida Amendment 2 which went into effect January 3, 2017.

Florida recognizes numerous "Debilitating Medical Conditions" for which Medical Cannabis can be prescribed. These include Cancer, Epilepsy, Glaucoma, HIV, AIDS, PTSD, ALS, Crohn's disease, Parkinson's disease, multiple sclerosis, or **other debilitating medical conditions** of the same kind or class or comparable to those enumerated, and **for which a physician believes that the medical use of marijuana would likely outweigh the potential health risks** for a patient.

The current medications prescribed for many of the debilitating diseases cause far greater harm than medicinal cannabis and this leading philosophy is behind the medical cannabis movement.

We welcome you to a Doctor who recognizes the hardships you may be going through on a regular basis and we look forward to providing you with the highest standard of care.

By signing this form, you are stating you understand medicinal cannabis similarly to other prescribed medications has its risks, has acceptable alternatives, and potential side effects.

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Patient's Signature

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Printed Name

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Date



**Adult Intake Evaluation**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_  
Address                      City

\_\_\_\_\_  
State                                      Zip Code

Email Address: \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security \_\_\_\_\_

Contact #s: \_\_\_\_\_ Home  
\_\_\_\_\_ Cell

**Family Members Medical Illnesses:**

Illnesses in immediate family (including grandparents).

\_\_\_\_\_ Who: \_\_\_\_\_

\_\_\_\_\_ Who: \_\_\_\_\_

\_\_\_\_\_ Who: \_\_\_\_\_

**Medical History:**

Surgery(s) / Hospitalization(s)

Date(s):

_____	_____
_____	_____
_____	_____

Motor Development (if delays / issues please describe):

\_\_\_\_\_

Past / Discontinued Therapies / Treatments: (Educational, Psychiatric, Psychological, P.T., O.T., Speech, Etc.)

Type

Dates

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Currently Under Treatment for:

\_\_\_\_\_

Primary Care Physician:

\_\_\_\_\_

Specialist:

\_\_\_\_\_

Please state the problem as you see it and additional relevant information:

\_\_\_\_\_

**Current Medications**

Medication	Dosage	Prescribed by:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Therapies / Treatments:**

(Educational, Psychiatric, Psychological, P.T., O.T., Speech, Etc.)

Type Frequency With Whom

_____	_____	_____
_____	_____	_____

Person completing questionnaire:

\_\_\_\_\_

Print name

\_\_\_\_\_

Signature

Relationship to patient: \_\_\_\_\_

Person completing this form has done so honestly and to the best of their ability.

## Medical Cannabis Questionnaire

Florida recognizes numerous “Debilitating Medical Conditions” for which Medical Cannabis can be prescribed. These include Cancer, Epilepsy, Glaucoma, HIV, AIDS, PTSD, ALS, Crohn’s disease, Parkinson’s disease, multiple sclerosis, or **other debilitating medical conditions** of the same kind or class or comparable to those enumerated, and **for which a physician believes that the medical use of marijuana would likely outweigh the potential health risks** for a patient.

These above diseases are not the only ones a physician can prescribe for, as they are allowed to prescribe for any disease or illness they believe is similar enough to the above listed ones, and the use of marijuana would outweigh the risks associated to the patient.

Please list any diseases, illnesses, or issues that you believe the medical cannabis can benefit you (Example: cancer, epilepsy, glaucoma, HIV/AIDS, PTSD, ALS, Crohn’s Disease, Parkinson’s disease, MS, severe anxiety, sleep related disorders, depression, chronic pain, eating disorders, or weight disorders):

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For the above stated diseases and disorders please list any treatment methods you’ve currently undergone:

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