

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 of the same kind or class or comparable to those enumerated, and 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.

Patient's Signature

Printed Name

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
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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 of the same kind or class or comparable to those enumerated, and 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):

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