Annual Renewal Application

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Date:	
Name:	
Address:	
State/Province:	
Zip/Postal Code:	
D.O.B.	
Home Phone:	
Cell Phone:	
E-Mail:	

☐ Please send me reminder to renew my subscription in 12 months.

Are you currently ☐ On Probation? ☐ Or Parole?

Past 12 Months

Have you visited your primary care physician? ◯ Yes ◯ No If Yes, Complete the Following:

Name of Physician	
Address of Physician	
City/State/Zip	
Phone and/or Fax	
Date/Year of last visit	

In the past 12 months, please list any medical condition that
1) A physician has evaluated you for
2) You were admitted to a hospital for
3) You were evaluated by a specialist (Neurologist, Pain Specialist) for

(1)	
(2)	
(3)	

Has your medical history changed (Received a new diagnosis, Changed medications, MRI's CT Scans, X-Rays)? ◯ Yes ◯ No

If Yes, Explain	

Initials: _____

Past 12 Months

If you have started taking any new medications, specify reasons and medication names

Please explain how often and how much you consume each of the following.
Example: 5-6 Drinks a Week

Alcohol:

Marijuana

Cigarettes

Other

** Under Other, please list any of the recreational drugs you might use such as Heroin, Cocaine, Ecstacy, Mushrooms or others*

Are you renewing your cannabis recommendation for same reason as last year? ◯ Yes ◯ No

Explain

On average, how often did you medicate with cannabis?

Method: ☐ Vaporize ☐ Edibles ☐ Topical ☐ Smoke

Did cannabis help relieve your symptoms? ◯ Yes ◯ No

If Yes, how?

Physicians Comments: (leave blank)

Patient Signature: _____ **Date:** _____

Physicians Signature: _____ **Date:** _____