

Circle only current problems that apply to you:

**Your medical conditions are:** Please list:

Overall Progress (circle one): same better worse

**Psychology: Briefly explain how you are doing, including:**

Depression, anxiety, panic, fear of people or social situations, suicidal feelings, anger, ability to complete tasks.

Progress (circle one): same better worse new health issue

Medications? Please list:

**Insomnia:** Include ability to fall asleep, stay asleep, how rested you feel during the day, snoring, dreaming, nightmares, morning headaches.

Progress (circle one): same better worse new health issue

Medications? Please list:

**Heartburn:** Include pain or discomfort, hoarseness, do you eat late at night or before going to bed, food intolerance.

Progress (circle one): same better worse new health issue

Medications? Please list:

**Back Pain:** Include frequency, location, radiation into legs, etc, positions that hurt or help, exercises (type, frequency). Physical Therapy?

Progress (circle one): same better worse new health issue

Medications? Please list:

**Neck Pain:** Progress (circle one): same better worse new health issue

Medications? Please list:

**Arm, shoulder, wrist, hip, knee or ankle pain:**

Progress (circle one): same better worse new health issue

Medications? Please list:

**Arthritis, Fibromyalgia, Chronic Fatigue Syndrome:**

Progress (circle one): same better worse new health issue

Medications? Please list:

**Headache:** Include frequency, intensity.

Progress (circle one): same better worse new health issue

Are you taking medication? Please list:

**Drug Abuse:**

How much alcohol are you drinking?

How many cigarettes do you smoke?

Are you using any METH?

Any other drug use? Please explain:

**Hepatitis:**

If you have Hepatitis C, has your status changed since your last visit?

Have you had any lab tests or seen any doctor about hepatitis since your last visit?

Are you planning to get a biopsy, or treatment?

Are you using herbal treatments?

Medications? Please list:

**Painful Menstrual Periods:** Progress (circle one): same better worse new health issue

Medications? Please list:

**Please add any concerns:** Include any new health issues that have come up since your last appointment. Include any issues or side-effects experienced with Medical Cannabis:

**Describe your current living situation:**

**What is your method using Medical Cannabis?**