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PHYSICIAN AND EDUCATOR

# CANNABIS HEALTH HISTORY QUESTIONNAIRE

DATE

CERTIFICATION #

LAST NAME

REASON FOR MEDICAL MARIJUANA CONSULT

FIRST NAME

HOW LONG HAVE YOU HAD THIS PROBLEM?

DATE OF BIRTH

AGE

MODALITIES USED TO TREAT TO DATE (CHECK ALL THAT APPLY):

SOCIAL SECURITY NUMBER

\_\_\_MEDICATIONS \_\_\_SURGERY

\_\_\_ACUPUNCTURE \_\_\_THERAPEUTIC INJECTIONS

ADDRESS

\_\_\_PHYSICAL THERAPY \_\_\_OTHER: \_\_\_\_\_

CITY

ZIPCODE

CURRENT MEDICATIONS

EMAIL

MEDICAL ALLERGIES

BEST PHONE NUMBER

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE NUMBER

## NOTES:

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