

Intake Form



No personal information will be shared with anyone outside Peace in Medicine Healing Center staff.

Name: _____ Date of Birth: _____

Address (optional): _____

City, State, Zip: _____

(Check all that apply):

- I am a medical cannabis **patient**, as authorized by my doctor.
- I am a legally qualified **caregiver** for: _____
- I am or care for a **veteran** of the United States Armed Forces
- I am or care for a **senior** citizen (55 and above)
- I work for the medical cannabis **industry**

We might need to contact you from time to time, e.g. to remind you of an appointment you have made, or we find something you lost or you requested to be contacted once verification has occurred. Please check the **preferred method of contact**:

- Email: _____
- Phone: _____
- Please include me in your **e-mailing list**.

I am interested in more information about (check all that apply):

<input type="checkbox"/> Educational Classes	<input type="checkbox"/> Other events and offers	<input type="checkbox"/> Edibles	<input type="checkbox"/> Clones and plants
<input type="checkbox"/> Holistic Services	<input type="checkbox"/> Web Access & Social Networking	<input type="checkbox"/> Merchandise	<input type="checkbox"/> Concentrates
<input type="checkbox"/> Non-Cannabis Herbs	<input type="checkbox"/> Medical Use Accessories	<input type="checkbox"/> Flowers/Buds	<input type="checkbox"/> Tinctures/Transdermals

How did you hear about us?

Referral	Print	Internet	Media	Events
<input type="checkbox"/> Friend/Family <input type="checkbox"/> Another Member <input type="checkbox"/> Local Garden Supply Store <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Dispensary <input type="checkbox"/> Other _____	<input type="checkbox"/> West Coast Cannabis <input type="checkbox"/> Press Democrat <input type="checkbox"/> Sonoma West Times <input type="checkbox"/> Fortune/Newsweek <input type="checkbox"/> Bohemian/Bay Guardian <input type="checkbox"/> Chronicle/SF Gate <input type="checkbox"/> Other _____	<input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Google <input type="checkbox"/> Weedtracker <input type="checkbox"/> Weedmaps <input type="checkbox"/> Yelp <input type="checkbox"/> Other _____	<input type="checkbox"/> Radio <input type="checkbox"/> News coverage e.g. CNN/Fox News/KRON <input type="checkbox"/> Other _____	<input type="checkbox"/> Music Festival e.g. Harmony <input type="checkbox"/> Conference e.g. NORML/Patients Out of Time/ ICRS <input type="checkbox"/> ASA Event <input type="checkbox"/> Other _____

For Staff Use Only

- Handbook material provided
- Recommendation verified
- Recommendation expiration date _____
- Add email address to database only if mailing list checked
- Follow-up needed _____
- Intake Completion Checklist (signatures, age eligible, match names ID/recommendation, Physician check, pop-up message, etc.)
- Coordinator Signoff _____
- PT/CG # _____