



153 South Main Street Newtown, CT 06470
Phone: (203) 408-2420 / Fax: (949) 577-4195
Mariel@BeaYoutifulhealth.com

Today's Date: _____

Patient Name: _____
(first) (last)

Date of Birth: _____
(M/D/Y)

Mailing Address: _____
(street) (Apt/Suite #)

(City) (State) (Zip)

Phone Number: _____ Email: _____

Please select patient's qualifying diagnosis:

Grid of checkboxes for medical diagnoses including AIDS, ALS, Cancer, Epilepsy, HIV, etc.

Supportive documentation of the above diagnosis includes: _____

Date of diagnosis: _____

Provider's Name: _____

Provider's Signature: _____

Provider's Specialty: _____



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Patient Medical Marijuana Intake Form

Date: _____

Patient Name: _____

DOB: _____

Gender: _____

Marital Status: _____

Occupation: _____

Employer (if applicable): _____

Employer Contact Number: _____

New License: YES NO

License Renewal: Yes (last application date: _____) No
month/year

Are you on parole or probation? YES NO

If YES, please list the name and contact number for your probation or parole officer.

Name: _____

Contact Number: _____

Please Note:

I understand that visit fees are non-refundable.

I attest that all information noted above is up to date and accurate.

Patient's Signature: _____



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Medical Marijuana Treatment Agreement

Cannabis is used to treat symptoms related to multiple qualifying diagnoses, approved by the State of Connecticut. Along with cannabis, other medical treatments may be given or suggested to improve your quality of life and activities of daily living. These recommendations may include exercise, use of prescription medications, physical therapy, psychological counseling, referrals to specialists or other types of therapy.

I understand that the possession or use of this product is unlawful outside of the State of Connecticut and prohibited by federal law. Cannabis may have intoxicating effects and has not been studied or approved by the United States Food and Drug Administration (FDA) and was produced without FDA oversight for health, safety, or efficacy. Cannabis may contain unknown quantities of active ingredients, impurities or contaminants. The efficacy and potency of cannabis may vary depending on the strain and ingestion method. Any questions or concerns regarding specific strains may be directed and discussed with your selected dispensary.

I understand that the following guidelines are important to follow for my health and wellbeing and understand that I have the following responsibilities:

- I am responsible for obtaining marijuana from an official dispensary.
- I am responsible to renew my license on an annual basis and that it is my responsibility to remember the renewal due date.
- I understand that my insurance does not cover the expenses and therefore will need to pay on my own.
- I will continue to receive medical care with you or another provider to assess the effectiveness of medical marijuana.
- I will not use alcohol or other sedating medications at the same times as medical marijuana.
- I will not drive or operate heavy machinery while using or for several hours after using medical marijuana.
- I will store my medical marijuana securely in a child-proof and pet-proof container and out of reach.
- I will not sell or share my medical marijuana with anyone.
- I will not smoke if pregnant.

Consumption

I understand that cannabis that is smoked or vaporized can be hazardous to my health and that cannabis smoke contains carcinogens and may lead to increased risk of cancer, tachycardia (fast heart beat), hypertension (high blood pressure), heart attack, birth defects if smoked while pregnant, brain damage and lung disease.

I understand that cannabis that is eaten or swallowed may have delayed effects and any intoxicating effects may be delayed by 2-3 hours.

Side Effects

There is limited information on the side effects of using cannabis, and there may be associated health risks. Side effects of cannabis can include, but are not limited to:

- | | | |
|-----------------------------------|---------------------------|----------------------------------------|
| • Memory loss | • Low blood pressure | • Laryngitis/Bronchitis/General Apathy |
| • Anxiety/Nervousness | • Agitation | • Drowsiness/Fatigue/Abnormal sleep |
| • Dry mouth | • Confusion | • Headache/Nausea/Vomiting |
| • Irregular/Increased heart rate | • Poor physical condition | • Sedation |
| • Sexual impotence | • Hunger | • Slower reaction time |
| • Numbness | • Loss of appetite | • Inability to concentrate |
| • Dizziness/Impaired motor skills | • Depression | • Paranoia |
| • Cough | • Impaired vision | • Psychotic symptoms |
| • Shortness of breath | • Feelings of euphoria | |
| • Dependency | • Decreased coordination | |
| • Altered judgement | • Altered cognition | |

Interactions

The scientific basis for the medical use of cannabis has not been established, therefore, little is known regarding how cannabis may or may not interact with medication or herbal supplements.

Dependence

You can become dependent on cannabis. This means that you may experience withdrawal symptoms when stopping marijuana. Signs of withdrawal symptoms may include:

- Feelings of depression or sadness
- Irritability



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- Restlessness
- Mild agitation
- Insomnia
- Sleep disturbances
- Unusual tiredness
- Trouble concentration
- Loss of appetite.

Tolerance

Some users may develop tolerance, which means higher and higher doses are needed to achieve the same symptoms relief.

Psychologic Conditions

Exacerbating psychological conditions, such as schizophrenia or bipolar disorders, are possible when those predisposed to these conditions use cannabis.

Pregnancy & Breastfeeding

Women should not consume cannabis or any products containing cannabis when planning to become pregnant, during pregnancy or while breast feeding. Any questions regarding this, you may discuss with your OB-GYN specialist or Pediatrician if breast feeding.

I certify that I have read the above information and that I fully understand the potential risks and side effects related to the use of cannabis as described. In using cannabis for medical use, I fully accept responsivity and assume the risks and side effects associated with its use. I further hold harmless and release *BeaYOUtiful Health & Wellness Center* of any liability related to any risks

Patient's Signature: _____

Date: _____

For BeaYOUtiful Health & Wellness Center's Use only:

Provider's Signature: _____

Date: _____