

# PA OPTIONS FOR WELLNESS, INC. / VYTAL Options



PATIENT NAME \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PA Dept of Health CAREGIVER (if applicable) \_\_\_\_\_

Caregiver Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you (the patient) a veteran? (DD214 form, driver's license designation logo, or military ID):  Yes  No

Are you (the patient) 65 years or older?  Yes  No

Are you (the patient) a first responder? (Fire, EMT, Police)  Yes  No

May we contact you (the patient) by phone/text/email?  Yes  No

Patient Phone: \_\_\_\_\_ Patient Email Address: \_\_\_\_\_

## MEDICAL – Your Qualifying Medical Condition(s):

- |   |  |  |
|---|--|--|
| <input type="radio"/> Amyotrophic Lateral Sclerosis   | <input type="radio"/> Epilepsy                   | <input type="radio"/> Parkinson's disease  |
| <input type="radio"/> Anxiety disorders   | <input type="radio"/> Glaucoma                   | <input type="radio"/> Post-traumatic stress disorder   |
| <input type="radio"/> Autism  | <input type="radio"/> HIV / AIDS                 | <input type="radio"/> Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain |
| <input type="radio"/> Cancer, including remission therapy   | <input type="radio"/> Huntington's disease       | <input type="radio"/> Sickle cell anemia   |
| <input type="radio"/> Crohn's disease   | <input type="radio"/> Inflammatory Bowel Disease | <input type="radio"/> Terminal illness   |
| <input type="radio"/> Damage to the central nervous system (brain-spinal cord) with spasticity or associated neuropathies | <input type="radio"/> Intractable seizures       | <input type="radio"/> Tourette syndrome  |
| <input type="radio"/> Dyskinetic and spastic movement disorders   | <input type="radio"/> Multiple Sclerosis         |  |
|   | <input type="radio"/> Neurodegenerative diseases |  |
|   | <input type="radio"/> Neuropathies               |  |
|   | <input type="radio"/> Opioid use disorder        |  |

## List all other health conditions:

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## CANNABIS

Have you previously used cannabis?  Current user  Used previously  Never used

Frequency of cannabis use: \_\_\_\_\_

Have you previously visited another dispensary?  Yes  No

Would you like a consultation with our pharmacist?  Yes  No

**MEDICATION**

Current medication (prescription/over-the-counter/herbal supplements):

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Allergies (medication/food/other):  

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**RESEARCH**

Would you like to be contacted to participate in future medical cannabis research and studies?

 Yes  No**ACKNOWLEDGEMENT**

Please sign the bottom of this page with your understanding, acknowledgement, and confirmation of the following below:

1. Only Pennsylvania patients and caregivers may purchase medical marijuana from a licensed PA dispensary with a valid certification from a licensed physician within the Act 16 program.
2. Cannabis is not regulated by the Food and Drug Administration and is classified as a Schedule I controlled substance with the U.S. Drug Enforcement Agency.
3. It is unlawful for any patient/caregiver to sell, share, divert their products to any other individual, including minors under 18.
4. The medical marijuana must remain in the commonwealth of Pennsylvania and cannot cross state lines.
5. Medical marijuana contains psychoactive ingredients that may affect coordination, motor skills, cognition. It should not be used before/during operation of a vehicle or heavy machinery.
6. The side effects have been discussed by either the certifying physician and/or the medical professional (pharmacists) on-site at the dispensary.
7. It is unlawful to smoke/combust any medicated products within the Act 16 program.
8. You must keep the products in the original containers in which the products were dispensed.
9. Products must leave the dispensary sealed and intact.

Signature of Patient or Caregiver \_\_\_\_\_

Date \_\_\_\_\_