Medical Symptoms / Diagnosis

Reason (s) for today's evaluation

I _____ came to see the doctor because I request a recommendation for the medicinal use of marijuana because I believe that the medicinal use of marijuana will relieve my symptoms (i.e., health problems). I have the following symptoms and/or diagnosis:

X	SYMPTOMS
_____	Anxiety/Stress
_____	Depressed Feelings
_____	Headaches
_____	Insomnia / Sleeping disorder
_____	Pain, Neck or Back
_____	Pain, Joints, where: _____
_____	Muscle spasms, where: _____
_____	Numbness or tingling in limbs

X	SYMPTOMS
_____	Acid Reflux / Heartburn / Stomach pain
_____	Loss of appetite / Weight gain
_____	Nausea / Vomiting
_____	Constipation (especially with medications)
_____	Chronic Cough
_____	Dizziness / Vision problems
_____	Urinary problems
_____	Other: _____

X	DIAGNOSIS MADE BY A DOCTOR
_____	AIDS / HIV
_____	ADHD (attention deficit hyperactivity disorder)
_____	Bipolar
_____	Depression diagnosed
_____	Schizophrenia
_____	Glaucoma
_____	Heart Disease
_____	High Blood Pressure
_____	Stroke
_____	Migraine headaches
_____	Stomach ulcers
_____	Other: _____

X	DIAGNOSIS MADE BY A DOCTOR
_____	Arthritis of: _____
_____	Asthma
_____	Cancer of: _____
_____	Diabetes w/ extremity pain or nausea?
_____	Disabled permanently: _____
_____	Epilepsy / Seizures
_____	Hepatitis: B C
_____	Kidney disease
_____	Multiple Sclerosis / CP
_____	Muscle or Movement disease
_____	Parkinson's disease

For your most significant problem listed above:
(try and put something on every line here – important)

1. Main Problem: _____
2. What caused your problem? _____
3. How long have you had these symptoms? _____
4. Frequency of symptoms: _____
5. Intensity of symptoms: _____
6. All treatments for this problem: _____
7. More details: _____
8. Have x-rays, test results? _____
9. Did you see a doctor OR clinic for your medical problem? _____ If yes, please provide (name, address, date of visit, reason of visit) _____
   _____

Patient Initials: _____