

Ken Miller, MD

MEDICAL HISTORY I

Social History

I am married _____ single _____ divorced _____

Who do you live with? Circle: Alone Spouse/Relatives Significant Other
Other- Please indicate who _____

Pets? Please list _____

Do you smoke cigarettes? If Yes, packs per day ____ Age began smoking _____

Age quit _____ Never smoked ____ Chewing Tobacco: how much per day _____

Alcohol Use: Social ____ Never had a problem ____ Abused in past for _____ years

How much of what exercise do you do? _____

Family History

Mother: Alive Deceased Age ____ Illnesses _____

Father: Alive Deceased Age ____ Illnesses _____

Siblings: # Brothers _____ # Sisters _____ Any Diseases? _____

Children (ages and health) _____

Is there a family history of: high cholesterol diabetes high blood pressure

cancer drug abuse early heart disease arthritis psychiatric disease

Were your parents divorced? Yes ____ No ____ If so, how old were you? _____

Who raised you? _____

Were you raised in an abusive home? Y N Were you raised in an alcoholic home? Y N

Who abused you? Mother father step-parent other _____

Last Name

First Name (Please Print)

Date

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Your Cannabis Use

Age when you began using Cannabis: _____

How many times per day ___ /week ___ do you use cannabis?

How Much Cannabis do you consume per day ___ / week ___ (1joint=1 gram)

Preferred Method of Use: Water Pipe Pipe Joint Tincture Topical Food
Vaporizer Vape Pen Leaves Concentrates

Has anyone ever suggested your cannabis use is a problem? Y N Explain:

If you desire to become pregnant, become pregnant, or nurse, would you stop Cannabis use? _____ What precautions do you take to prevent unauthorized use of your cannabis?

<p>Describe Your Cannabis Use</p> <p>Your legal use and possession of medical cannabis must be consistent with your medical needs, as well as with current local and/or state guidelines.</p>

I, _____, affirm that the above information is true and accurate to the best of my knowledge, and that any recommendation, certification or approval associated with my use of Cannabis is contingent upon the accuracy of this information.

Signature: _____ Date: _____