



INITIAL PATIENT INTAKE FORM

Date:

Name of Patient *(full legal name)*:

Patient ID#:

I, the undersigned, have received a copy of The Botanist Patient Participation Rules, and a copy of The Botanist's Risk and Benefits statement, and agree to these rules and I understand that violations of these rules will result in immediate termination of my privileges at The Botanist.

Patient Signature:

Caregiver Signature *(if applicable)*:



0

2

4

6

8

10

No Hurt

Hurts Little Bit

Hurts Little More

Hurts Even More

Hurts Whole Lot

Hurts Worst

How does patient feel at their **best**? *(circle one)*



0

2

4

6

8

10

No Hurt

Hurts Little Bit

Hurts Little More

Hurts Even More

Hurts Whole Lot

Hurts Worst

How does patient feel at their **worst**? *(circle one)*

Scan this document with copy of Patients MMP, ID, and any other applicable documentation *(this pain scale must be updated every 90 days).*

Information provided by The Botanist is not medical advice, and may be based only upon anecdotal or reported experience of patients. Patients, with their providers, are solely responsible for their choices in use, selection and dosage.