INITIAL PATIENT INTAKE FORM

Contact Information

Name of Patient (First & Last): Date of Birth (mm/dd/yyyy):

Patient MMJ ID #:

Email Address: Cell Phone:

Notice of Privacy Practices Patient Acknowledgment

I understand, that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy in regards to my protected health information (PHI). I have received, read, and understand the Notice of Privacy Practices. The Botanist reserves the right to change the terms of its Notice of Privacy Practices. I understand The Botanist will provide a current Notice of Privacy Practices.

Patient Signature: Date:

Authorized Patient's Representative Name: Authorized Patient's Representative Signature:

Acknowledgment of Disclosure and Assumption Risk Agreement

This Acknowledgment of Disclosure and Assumption of Risk Agreement has been prepared to provide you with information regarding the risks and side effects of using medical marijuana. It is important that you read this information carefully and completely. Please discuss any questions you may have with the dispensary pharmacist or your certifying physician. Once you have read and understand the attached information, and have had any questions addressed to your satisfaction, please sign and date the Acknowledgment of Disclosure and Assumption Risk Agreement.

Do not sign this Agreement and do not use medical marijuana if you have questions about or do not understand the information you have received or are not willing to assume all the risks that may be associated with medical marijuana use or possession.

Risks and Side Effects of Medical Marijuana Use

Possession or use of this product is unlawful outside of the State of Ohio and prohibited by federal law. Medical marijuana may have intoxicating effects and has not been analyzed or approved by the United States Food and Drug Administration ("FDA") and was produced without FDA oversight for health, safety, or efficacy. The efficacy and potency of medical marijuana may vary widely depending on the medical marijuana strain and ingestion method. When products infused with medical marijuana or active compounds of medical marijuana are eaten or swallowed, the intoxicating effects of this drug may be delayed by two or three hours or more (sublingual: one hour delay).

Please view our Disclosure Notice at: https://shopbotanist.com/wp-content/uploads/2023/08/OH-Print-Exit-Pesticide-Disclosures-8.5-x-11-in.pdf

I certify that I have read the above Acknowledgment Disclosure and Assumption of Risk Agreement and I fully understand any potential risks and side effects related to the use of medical marijuana. In using medical marijuana for medicinal use, I fully accept responsibility and assume any risks and side effects associated with its use. I further hold harmless and release The Botanist of any liability related to any risks.

Patient Name (First & Last): Date:

Patient Signature: