Client Registration #: _____

Name: Age: Sex:

Do you currently have a medical cannabis prescription? ☐ Yes ☐ No

Have you used cannabis before? ☐ Yes ☐ No

If yes, what forms have you used?

- ☐ Smoking flowers (joint, bong, pipe)
- ☐ Smoking oils or resins (hash, oil)
- ☐ Smoking concentrates (rosin, dab)
- ☐ Edibles (brownies, cookies, candy)
- ☐ Additive (CBD/THC oil drops)
- ☐ Beverage (infused tea, juice, etc)
- ☐ Topical (salve, tincture, cream)
- ☐ Other

How often do you typically use cannabis?

- ☐ Annually (once or twice per year)
- ☐ Monthly (once or twice per month)
- ☐ Weekly (once or twice per week)
- ☐ Daily (or twice per day)
- ☐ More than twice per day
- ☐ Never have before

Why do you use cannabis?

How does it make you feel?

What is your preferred product and means of intake (if applicable)?

☐ Inhalation (smoke, vapour) ☐ Ingestion (edibles, tinctures) ☐ Topical (creams, salves)

Please initial if you are comfortable giving future feedback on your cannabis purchases _____*

All information will be kept confidential in accordance with our privacy policy