



INITIAL PATIENT INTAKE FORM

CONTACT INFORMATION

Name of Patient *(full legal name)*:

Date of Birth *(DD/MM/YY)*:

Gender: *M* *F*

Address:

City:

State:

Zip Code:

Email Address:

Phone Number: ()

Certifying Health Care Provider:

Phone Number: ()

Caregiver Name *(if applicable)*:

Phone Number: ()

Would you like to learn more about our preferred pricing program for veterans and low-income households? *Yes* *No* *N/A*

How did you hear about us?

What is the condition you are certified for by your certified health care provider to be dispensed medical marijuana? *(optional)*

Have you used medical marijuana / marijuana for the condition being treated? *Yes* *No*

How often do you use marijuana products? *(check one)* *Infrequent* *1* *2* *3* *4* *5 Daily*

Any negative effects experienced using medical marijuana / marijuana? *(if applicable)*

PREFERRED CONSUMPTION METHODS *(Please check all that apply below)*

Inhalation *(smoking)*

Concentrates

Oils

I am uncertain

Vaporizing

Tincture

Consumables

Other *(please list if applicable)*



ACKNOWLEDGEMENT OF DISCLOSURE & ASSUMPTION OF RISK FORM

Please acknowledge that you have read this form and received your consultation and educational materials on the conditions listed below.

I have been advised by The Botanist on the risks and side effects associated with the use of medical marijuana and that there is limited information on the side effects and possible health risks to using medical marijuana.

I understand that marijuana may have intoxicating effects making it unsafe for me to drive or operate machinery.

I understand marijuana use during pregnancy and breastfeeding may pose potential harms.

Medical marijuana has not been analyzed or approved by the FDA.

I understand that medical marijuana is not intended to diagnose, treat, cure, or prevent any disease or medical condition.

I am fully responsible for securing my medication in a safe place, away from the reach of children and pets.

I agree to comply with all of the regulations of the Medical Marijuana Program including, but not limited to, my acknowledgement that engaging in diversion of marijuana is illegal on the Federal level.

I agree to comply with requests and directions from The Botanist staff, including to avoid bringing alcohol, illegal drugs or weapons into the facility.

I release and waive any and all claims and liability against The Botanist resulting of my marijuana use.

By signing below, I authorize The Botanist, its affiliates and subsidiaries, to capture my information in order to provide me with personalized marketing and communications. By providing my mobile number and email address, I consent to receive marketing focused emails and text messages to the information provided via an automatic text message or email delivery system and/or artificial/prerecorded messages from The Botanist. Consent to marketing messages and communications is not required as a condition of purchasing any goods or services. I understand standard per minute call and message rates may apply and that I may opt out of future marketing messages at any time by replying directly to a text message.

I understand that the information that I have provided on this form, along with my dispensing records, will be confidential under State law. I have received and understand the Notice of Privacy Practices. I understand that The Botanist reserves the right to change the Notice of Privacy Practices and will make the most current version available online and at its dispensaries.

I have read, understand and agree to all the above statements in this acknowledgement form and understand and agree with the information regarding the risks and side effects of using medical marijuana.

Patient Signature:

Date:

Print Name:



RISKS & SIDE EFFECTS

DISCLOSURE OF RISKS AND SIDE EFFECTS OF MEDICAL MARIJUANA USE

Possession or use of this product is unlawful outside of the state where the dispensary is located and is prohibited by federal law.

If medical marijuana is smoked, be advised that smoking may be hazardous to your health. Medical marijuana smoke contains carcinogens and may lead to an increased risk of cancer, tachycardia, hypertension, heart attack, birth defects, brain damage, and lung disease.

If medical marijuana is eaten or swallowed: Be advised that 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.

There is limited information on the side effects of using medical marijuana, and there may be associated health risks. Side effects of medical marijuana can include but are not limited to:

Memory loss	Cough/bronchitis	Confusion	Laryngitis/general apathy
Anxiety/Nervousness	Dependency	Headache/nausea/vomiting	Shortness of breath
Dry mouth	Depression	Sedation/slower reaction time	Abnormal sleep
Irregular/increased heartbeat	Numbness	Inability to concentrate	Drowsiness/fatigue
Poor physical conditions	Low blood pressure	Impaired vision	Paranoia/psychotic symptoms
Hunger/loss of appetite	Agitation	Feelings of euphoria	Suppression of immune system

Symptoms of medical marijuana overdose include, but are not limited to, nausea, vomiting, and disturbances to heart rhythm. The scientific basis or the medical use of medical marijuana has not been established. There is little known information regarding how medical marijuana may or may not react with other pharmaceutical or herbal medications.

Some patients can become dependant on medical marijuana. This means they experience withdrawal symptoms when they stop using medical marijuana. Signs of withdrawal symptoms can include feelings of depression, sadness or irritability, restlessness or mild agitation, insomnia, sleep disturbance, unusual tiredness, trouble concentrating, and loss of appetite.

Some users can develop a tolerance of medical marijuana. This means higher doses are required to achieve the same symptom relief.

The possibility exists that use of medical marijuana may exacerbate schizophrenia or bipolar disorder in persons predisposed to those disorders.

Women should not use medical marijuana while planning to become pregnant, during pregnancy, or while breastfeeding, except on the advice of the Certifying Health Practitioner, and in the case of breastfeeding mothers, on the advice of the infant's pediatrician. Keep out of reach of children and pets.

Using medical marijuana while under the influence of alcohol is not recommended.

The use of medical marijuana may affect coordination, cognition, and judgement. While under the influence of medical marijuana, do not drive, operate machinery, or engage in potentially hazardous activities.

Please note that medical marijuana will degrade over time.



NOTICE OF PRIVACY PRACTICES FOR YOUR PERSONALLY IDENTIFIABLE INFORMATION

The Botanist, its affiliated companies, employees, and workforce members provide this Notice concerning our actions as they relate to your personally identifiable information. Personally identifiable information (“Your Information”) is information maintained by The Botanist that may identify you and relates to your past, present, or future physical or mental health or condition, and the provision of health care products and services.

This Notice describes how registration and dispensing information about you that we hold may be used and disclosed and how you can access this information. Please review it carefully. We may update this Notice and make it effective for all of Your Information that we maintain. We will post any updated Notice on our website and it will be available at our locations, and you may request the current Notice at any time.

The following categories describe ways we may use and disclose Your Information, but not every permissible use or disclosure will be listed in this Notice. Some information, such as records that include HIV information, alcohol or substance abuse records, and mental health records have additional protections under the laws of the State where the dispensary is located.

How The Botanist may use or disclose your information

A. Use of Your Information

Except where prohibited under the laws of the State where the dispensary is located, we may use and disclose Your Information to provide and coordinate the products and services you receive. This means that we may disclose Your Information to doctors, pharmacists, and other health professionals involved in your health care. We may also disclose Your Information to contact you and provide you with information about treatment options or other health related services that may be of benefit to you.

The Botanist may use and disclose Your Information to improve our health care operations, including quality assurance and performance improvement, licensing and reporting that is required by the Department of Health in the state where the dispensary is located. It may also be used for reminders, treatment alternatives or file records. We may use Your Information to create de-identified data, which is stripped of your identifiable data and no longer identifies you. The Botanist may also contract with third-party service providers, such as website developers and hosts, and consultants, and they may have access to Your Information, as further explained in our Website Privacy Policy, which is available on our website. These third parties are required under contract obligations to protect Your Information and only use it as necessary to perform their services for us.

The Botanist will disclose Your Information when required by law, including state laws, oversight agencies, and, if necessary, to comply with a court or administrative order, other legal requirement or for other public health obligations. We may need to disclose Your Information to the extent authorized and necessary to comply with laws relating to workers’ compensation or other similar programs established by law. We may also disclose Your Information in response to a subpoena or other lawful process instituted by someone else in a dispute, but only after efforts have been made to tell you about the request in case you wish to seek an order to protect the information requested. Your Information may also be used as part of a research study where the research has been approved by an institutional review board that has reviewed the proposed research and established protocols to ensure the privacy of Your Information.

B. Further Use of Your Information with Your Written Authorization

You may also provide written authorization for the use and disclosure of Your Information. For example, you may ask us to provide your records to another person involved in your care of your treatment, care or condition. If you do, you may withdraw that authorization at any time and no future disclosures will be made after your authorization withdrawal is received.

C. Requests that You May Make Regarding Your Information

You may have preferences and needs regarding Your Information, and The Botanist will make reasonable efforts to comply with your requests. You may request the following:

- Contact Preferences — Confidential communications of Your Information by alternative means or at alternative locations (only by phone or not by mail);
- Copies of Records — Inspect and copy all or part of Your Information; and The Botanist may charge you the cost of copying Your Information;
- Correction of Records — Correction of specific information in your record;
- Accounting of Records — An accounting of disclosures made in accordance with this Notice, however, if you have given specific authorization for the disclosure, it will not be reflected in the accounting.

You also have choices in the way that we use and share your information as we market our products and services, including choosing not to receive any marketing materials. Please contact us if you have any such requests by emailing us to contact@shopbotanist.com or 1-646-600-9181 or mailing us at The Botanist, Re: Privacy Office, 366 Madison Avenue, 11th Floor, New York, NY 10017 USA.

You have a right to be notified following a breach of your information, and we will notify you in accordance with state law.

IF YOU HAVE QUESTIONS, NEED ADDITIONAL INFORMATION, OR WISH TO FILE A COMPLAINT, YOU MAY CONTACT US

Email: contact@shopbotanist.com

Write: The Botanist, Re: Privacy Office 366 Madison Avenue, 11th Floor New York, NY 10017 USA

Call toll free: 1-646-600-9181