



Patient Profile

Last Name: _____ First Name: _____

Date of Birth: _____ Qualifying Condition: _____

Please Check All that Apply:

- I am a United States Military Veteran or a First Responder (current or retired).
- I am 65 years of age or older.
- I am a Medicare recipient.
- I would like information regarding possible financial assistance for low-income patients.
- I am terminally ill and have been told by my doctor that I have a life expectancy of 12 months or less.
- I would like to receive text messages from FSC regarding sales, events, and closures.

Agreement Statement

It is the goal of FSC to treat each patient with dignity, integrity, and compassion, while enhancing and improving the knowledge base of the effectiveness of Medical Marijuana as a treatment for disease.

The use of Medical Marijuana as treatment for health-related symptoms is a “new science.” Therefore, I understand that the collection of data by FSC may be useful in treating others who suffer from chronic conditions and furthering medical research.

I recognize that the profile I provide, along with my treatment preferences and ordering history, has value and may be collected and used to assist others who seek the benefits of Medical Marijuana.

I agree to the use and sharing of my health profile: marijuana strains, delivery methods, and related outcomes (which may be described as response to the marijuana). I understand my name will be kept private and not associated with my profile.

***Ingestibles and concentrates affect every patient differently and side effects can be unlike that of other consumption methods. It is best to start with a small dose and increase slowly to reach your desired dose. Consume ingestibles and concentrates with caution. The FSC team is here to help with any questions or concerns. By signing this document, you(the patient/caregiver) agree that First State Compassion has provided sufficient instructions on the proper use and dosing of these products.**

Patient Signature _____ Print Name _____

Date: _____

Email: _____ Phone # _____ Can we leave a message? Y/N