

FOLLOW UP QUESTIONNAIRE
Creation Date
09/30/2019

PATIENT INFORMATION			
Last Name	First Name	Middle Name	Sex
John	F	Sample	Male
Patient ID#	Drivers Lic. or State ID	Date Of Birth	Age
1398314	345345	1970-12-12	49
Contact Method	Phone	Email	
Email	323-283-3266	kioskcondo@gmail.com	

QUESTIONNAIRE DETAILS
Are you taking CBD (not THC) daily ?
yes
If yes , how much mg/day
20
Are you taking medical marijuana (THC) are you taking daily ?
yes
If yes , how much mg/day
25
Have your symptoms improved?
Yes, my symptoms have greatly improved with addition taking CBD and THC daily.
Are you experiencing any side effects?
No, I am not experiencing any side effects at all.
How do you consume your CBD?
Sublingual Drops, Topical
How do you consume your THC?
Vape, Other
Edible

ADDITIONAL NOTES
I have noticed edibles and vaping seem to have the most potent effect to help relieve my pain. My conditions have improved tremendously.