Patient Progress Report

Name: ____________________________________ Phone number: _____________________________

Address: ____

Health Card #: ________________________ Medical condition treated: __________________________

Have you included your Licensed Producer order history? Yes____ No____ *this is mandatory*

Have there been any changes in your health? Yes____ No____
If yes, please indicate in detail.

Who is your current Licensed Producer? ____
Are you satisfied with your current licensed producer? Yes____ No____
If no, please indicate why in detail.

How many grams/day are you prescribed? __________ Is this sufficient? Yes____ No____
If no, please explain how much and why in detail.

What strains and products do you find most helpful? List names of strains, flower, oil, etc.

Has there been any negative reactions to cannabis? Yes____ No____
If yes, please indicate in detail, strains, dose, etc.

Has there been any positive reactions to cannabis? Yes____ No____
If yes, please indicate in detail, strains, dose, etc.

Do you feel you can continue with the treatment without a face to face appointment? Please note this will be required for all yearly renewals

Yes____ No____

Additional Comments:

Patient Signature: __________________________________ Date: ______________________________