Patient Information

Today's Date:_____

Patient Name:_____
(First) **(Middle initial)** **(Last)**

Date of Birth: _____ Gender: Male Female

Do you have a current Arizona I.D, Arizona Driver's License, or Passport? Y N

Residence Address: _____

Mailing Address**:**_____

City:_____ Zip:_____ County_____

Phone: ( )_____

Email Address: _____

What is your health condition?_____

Do you have current medical records dated within the last 12 months**? Y N**

Name of Primary Care Physician or Facility_____

Do you receive Nutritional Assistance or SNAP? Y or N

Are you a Veteran? Y or N Are you Disabled? Y or N

Are you requesting to cultivate? Y or N Are you requesting a Caregiver? Y or N

Would you like to be notified of any medical marijuana clinical studies? Y or N

Do you have a Visa or MasterCard for the yearly State fee of **$150 or $75**? Y N

If you require a physical evaluation today, certification can take place as soon as the next day.

Physical evaluation $50 ♦ Physician Certification $45 ♦ Processing $25