

Client Intake Form

Date: _____

The following information will help me assess where you currently are, where you want to go, and how best to help you get there. Please answer honestly, to the extent that you are comfortable.

Name _____ Email _____

Phone _____ Text? Y N

Previous Cannabis use? Y N How long ago? _____ Current Cannabis use? Y N

Current health issues: _____

Are you presently under the care of a medical doctor? Y N Details and/or Medications:

What would you like to see happen with cannabis use?

Do you have a preferred method of cannabis delivery? Y N

Are you open to the psychoactive effects of THC? Y N Not Sure Details:

Please complete and return to me at kayterathermcc@gmail.com. You can also send as a photo to 512.564.0319. You may use the back of this form to address anything else you would like me to know.