



## NEW PATIENT REGISTRATION FORM

|            |            |                |
|------------|------------|----------------|
| FIRST NAME | LAST NAME  | DATE OF BIRTH  |
| ADDRESS    | CITY       | STATE      ZIP |
| CELL PHONE | HOME PHONE | EMAIL          |

**MAY WE ADD YOU TO OUR PATIENT MAILING TO RECEIVE INFORMATION REGARDING...?** (CHECK ALL THAT APPLY)

ALL ALERTS:      
 PROGRAMS:      
 EVENTS:      
 DISCOUNTS:      
 PROMOTIONS:

**PLEASE INDICATE PREFERRED METHOD OF CONTACT:** (CHECK ALL THAT APPLY)

TEXT MESSAGE:      
 PHONE:      
 EMAIL:      
 U.S.MAIL:

**FOR NEW PATIENT ONLY**

**HOW DID YOU HEAR ABOUT WHITE MOUNTAIN HEALTH CENTER?**

NEWSPAPER:      
 NEW TIMES:      
 LEAFLY:      
 WEEDMAPS:      
 INTERNET:

DRIVE BY:      
 OTHER PATIENT:

CERTIFICATION CLINIC:  \_\_\_\_\_  
 PATIENT NAME

OTHER:  \_\_\_\_\_  
 CLINIC NAME

\_\_\_\_\_  
 PLEASE SPECIFY

**PLEASE LIST ANY FAVORITE PRODUCTS THAT YOU WOULD LIKE WHITE MOUNTAIN HEALTH CENTER TO CARRY:**

\_\_\_\_\_

**I HEREBY AGREE AND ACKNOWLEDGE AS FOLLOWS:**

1. It is in direct violation of HIPAA regulations, as well as White Mountain Health Center's policy, to make any audio or video (still or streaming image) documentation of any kind upon or within the dispensary. I further agree not to make any such recording.
2. White Mountain Health Center reserves the right to change the Membership Rewards Program terms, condition, partners, credits and/or awards levels and redemption rates, at any time without prior notification of any kind. I also understand that accrued points have no cash value and do not constitute property of the member. I further accept that White Mountain Health Center reserves the right to terminate the Membership Reward Program without notice.
3. I agree to abide by all the dispensary rules.
4. The information provided to White Mountain Health Center herein is true and correct.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE



## **PATIENT EDUCATION ACKNOWLEDGMENT**

**I ACKNOWLEDGE THAT I HAVE RECEIVED OR BEEN OFFERED COPIES OF THE FOLLOWING  
PATIENT EDUCATION MATERIALS FROM WHITE MOUNTAIN HEALTH CENTER:**

- AN OVERVIEW OF MEDICAL MARIJUANA STRAINS AND EFFECTS
- EFFECTS OF MEDICAL MARIJUANA ON ILLNESS
- METHODS OF CONSUMPTION OF MEDICAL MARIJUANA
- BENEFITS OF MEDICAL MARIJUANA FOR CANCER PATIENTS
- MEDICAL MARIJUANA AND THE LAW
- MEDICAL MARIJUANA AS AN ALTERNATIVE MEDICINE
- MEDICAL MARIJUANA FAQ'S
- SIGNS AND SYMPTOMS OF SUBSTANCE ABUSE
- SUBSTANCE ABUSE PROGRAM AND REFERRAL INFORMATION
- DRUG-TO-DRUG INTERACTIONS
- SIDE EFFECTS OF MEDICAL MARIJUANA
- MEDICAL MARIJUANA USE, DEPENDENCE, TOLERANCE, AND WITHDRAWAL

## **USE OF MEDICAL MARIJUANA IN PUBLIC PLACES**

I have been instructed and fully understand that medical marijuana may not be used in any form in public places, including inside the dispensary building, or anywhere on the premises outside of the dispensary, on the sidewalk or in the dispensary parking area. Use of medical marijuana is also prohibited inside any automobile whether parked or in motion.

## **HIPAA INFORMATION ACKNOWLEDGMENT**

Per the Health Insurance Portability and Accountability Act (HIPAA) you have the right to make requests regarding your protected health information (PHI) in White Mountain Health Center records.

\_\_\_\_\_  
PATIENT NAME (PLEASE PRINT)

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE