

CBD QUESTIONNAIRE - Help us Help You and Others!

This information will allow us to better guide you in your journey to health. Please fill out the form and email to susan@maapgh.com for a FREE CBD consultation. Please type your name and phone number in the signature line.

DATE: _____

CLIENT NAME: _____ HUMAN MALE FEMALE AGE: ____ WEIGHT: ____

ANIMAL DOG CAT ANIMAL NAME: _____

EMAIL: _____ PHONE: _____

HOW DID YOU FIND US: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

FOOD/DRUG/ENVIRONMENTAL ALLERGIES: _____

ARE YOU PREGNANT OR NURSING? _____

DOCTOR/PRACTITIONER'S NAME: _____

DOCTOR/PRACTITIONER'S PHONE: _____ EMAIL: _____

MEDICAL CONDITION(S) AND HOW LONG: _____

PAIN SCALE: 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 ANXIETY SCALE: 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

RX MEDICATIONS: _____

TYLENOL IBUPROFEN ASPIRIN OTHER _____

OVER THE COUNTER PRODUCTS/SUPPLEMENTS: _____

CBD SUPPLEMENTATION EXPECTATIONS(S): _____

IS THIS YOUR FIRST EXPERIENCE WITH CBD? YES NO

QUESTIONS OR ADDITIONAL CONCERNS FOR THE PHARMACISTS? _____

RESEARCH DISCLAIMER: I authorize use of data disclosure (all information will be de-identified and no names will be used) and I permit you to contact me for future research opportunities, by phone or email, and for my information to be entered and stored in your research data base.

Signature: _____ Date: _____

- ORGANICALLY FARMED IN THE USA • PHARMACIST EXPERTISE
- 0.0% THC • BROAD SPECTRUM HEMP OIL-NOT ISOLATE • GLUTEN FREE
- THIRD PARTY LAB TESTED • WE HAVE ANSWERS TO YOUR QUESTIONS!