

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!