



Patient Counseling Questionnaire

Patient Name/Patient ID:

Date of Birth/Address:

Primary Complaint(s):

Preferred Dispensary:

Consumption Preference(s):

Medications:

Notes:

Questions	Options	Guidance
<p>How would you describe your current experience with cannabis?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No experience <input type="checkbox"/> No recent experience <input type="checkbox"/> Occasional use <input type="checkbox"/> Regular use <input type="checkbox"/> Daily use 	<p><u>None to occasional use:</u> recommnd low-THC strains, THC:CBD balances, micro-dosing, ask about comfort with vaping</p> <p><u>Regular to daily use:</u> ask about how strong they like their psychoactive effects and consumption preferences</p>
<p>How strong do you want the psychoactive effects of your cannabis to be?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No psychoactive effects <input type="checkbox"/> Slight psychoactive effects <input type="checkbox"/> Some psychoactive effects <input type="checkbox"/> Strong psychoactive effects 	<p><u>No to slight psychoactivity:</u> recommnd high-CBD products starting with 4:1 balances, topicals</p> <p><u>Some to strong psychoactivity:</u> Recommnd high-THC strains, ask about comfort with vaping and concentrates, ask about comfort with edibles</p>
<p>What modes of consumption are you <i>uncomfortable</i> with?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Inhaling cannabis products <input type="checkbox"/> Oral administration <input type="checkbox"/> Topical administration 	<p><u>Eliminate options:</u> Narrow in on which options the patient is open to</p>

Questions	Options	Guidance
<p>What gear do you currently have for your cannabis?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Pipe or rolling papers <input type="checkbox"/> 510-thread battery <input type="checkbox"/> Custom battery <input type="checkbox"/> Flower vaporizer <input type="checkbox"/> Dabbing rig 	<p><u>Note what gear they need:</u> Note what gear the patient will need after deciding on a product</p> <p><u>Custom batteries:</u> These are brand name batteries with proprietary battery and cartridge designs</p> <p><u>510-thread batteries:</u> These are the most common cartridge format available in dispensaries</p>
<p>What effects do you expect from cannabis?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Relief from nerve damage <input type="checkbox"/> Relief from inflammation <input type="checkbox"/> Appetite stimulation <input type="checkbox"/> Anti-seizing benefits <input type="checkbox"/> Stress & anxiety relief <input type="checkbox"/> Better sleep 	<p><u>Pain relief:</u> Look to THC:CBD products, products with CBG</p> <p><u>Appetite stimulation:</u> Look to products high in THC, CBG</p> <p><u>Anti-seizing:</u> Look to products high in CBD</p> <p><u>Anxiety relief & sleep:</u> Look to strains high in THC, CBN, consider fast onset and long-lasting options together</p>

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What level of discretion do you need when using cannabis?

- None
- Avoid odor or smoke at home
- Complete discretion while on the go
- Lives with prohibitionists

No discretion: Recommend flower and other vaporizing products

Discretion needed: Recommend oral options and vaporizing cartridges

Dispensary Success Checklist

- Establish if the dispensary has the patient's desired product
- Use patient goals, preferred mode of administration, and the lab reports to narrow down your options
- Ask the dispensary about their return policy

Patient Success Checklist

- Help your patient unwrap any products with packaging that gives them a challenge
- Help the patient test any cartridges or batteries they purchased
- Establish an action plan and deadlines for follow-up if you have a defective product