

**MEDICAL OFFICES OF
WILLIAM G. TOY & BURNELL VASSAR
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(530) 273-5690~fax (530) 273-5797**

Name: _____

Age: _____

Date: _____

Return Patient Survey

1. List all physicians you have seen within the last year.

2. List any new illnesses or significant changes in existing conditions over the past year.

3. Have you increased, decreased or stopped taking any of the following medications: opiates, tranquilizers, anti-depressants, muscle relaxants, asthmatic meds or sleeping meds?

4. List current medications (write same if not changed from last year).

5. List all diagnostic procedures done in the past year i.e. (MRI, X-ray, CAT Scans, biopsies, ultrasounds, etc).

6. Estimate the amount of alcohol and tobacco you are currently using

7. What social and physical benefits have you obtained or hope to obtain from medical marijuana? For example, interact more with family and friends, better job performance or better relationships with fellow workers, enjoy hobbies more, just enjoy the little things more, reading, going to the movies, etc?

8. Estimate the average amount of cannabis you use per day? (Large joint=1 gram)

<1 gram 1 gram 2 grams 3 grams 4 grams 5 grams 6 grams other _____

9. Has your cannabis consumption changed in the past 6 months? Yes/No

If changed, to what do you attribute the change?
