



Innovative Express Care
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Patient Questionnaire

Are you looking to expand your therapy, or are you happy with your progress?

How long have you had your card? _____

Which dispensary do you typically use? _____

What is your QP number? _____

What is your daily routine with work, family, school, life, etc?

Is there a time or part of your day that is uncomfortable or concerns you?

Are you sensitive to any medications including cannabis?

Do you have a high tolerance? _____

What consumption methods have you tried (smoking, vaping, edibles, topicals, RSO, etc)?

What are some of your favorite strains to treat your symptoms? What do you like about them?

Which strains have not worked for you? _____

Are you happy with your progress?

Please list 3-4 strains you have tried and which consumption methods you used.

Have you heard of RSO? Have you tried using this consumption method?



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