



## TAKOMA WELLNESS CENTER QUESTIONNAIRE

**Have you ever used cannabis?**  Yes  No **If yes, have you used it in the past year?**

Regularly \_\_\_\_\_

Occasionally \_\_\_\_\_

Rarely \_\_\_\_\_

**How did you hear about Takoma Wellness?** Online search  Weedmaps  Leafly

Sticky Guide  Word of mouth  Doctor  Other dispensary  Friend

**Why did you choose Takoma Wellness Center?** Location  Customer Service  Hours

Prices  Menu  Reputation

**Which dispensaries have you visited in DC?** \_\_\_\_\_

**For what conditions / symptoms are you seeking medical cannabis?**

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**Are you a veteran of the Armed Services?**  No  Yes (Please provide proof for discount)

**Do you take Coumadin/Warfarin (a blood-thinner)**  No  Yes

**If you are undergoing chemotherapy at this time, please let your oncologist know that you are using cannabis, as your chemo dosage may need to be adjusted.**

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

(please print clearly)