

NEW PATIENT INTAKE FORM

The New Patient Intake Form is required to be completed by the patient and/or caregiver on the first visit to The Landing Dispensary. We will use this information to create an account profile within our systems to better help and guide you through your medical cannabis journey. *You will still need to bring valid forms of ID.*

Full Name Date

Address (Street, City, State, Zip)
/ /

Date of Birth Phone

Email

	ARE YOU A U.S. VETERAN? (provide proof at front desk)	DO YOU HAVE A SNAP/EBT CARD? (provide proof at front desk)
	Yes No	Yes No

CAREGIVER INFORMATION

Full Name Relationship

Address (Street, City, State, Zip)
/ /

Date of Birth Phone

Email

OPTIONAL These questions are optional so we can better serve you!

What is your qualifying medical condition?

What symptom relief can we help you achieve?

WOULD YOU LIKE TO JOIN THE LANDING LOYALTY PROGRAM AND OPT-IN TO OUR NEWSLETTER? Yes No

Print and bring with you