NEW PATIENT INTAKE FORM

THE LANDING DISPENSARY

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.*

PATIENT INFORMATIO	DN							
First Name	Last Name		Suffix	Preferred Name (if applicable)		Gender	Date of Birth	
Address							Apt./Unit #:	
CONTACT INFORMATION Preferred Method of C	Contact:							
Phone Email Email Address			Phone Number					
Opt-in: I authorize The including promotional							○ Yes ○ No	
MMJ ID INFORMATION								
MMJ ID #		Issue Date			Expiration [Date		
STATE ID INFORMATION		(WIW/DD/TTTT)			(WIN) DD/TTTT)			
State ID #		Issue Date			Expiration [Date		
ARE YOU REGISTERED AS:	VETERAN, OR AN INDIGEN	T, OR N/A? (ARE YOU REG	SISTERED UNDER "TER	MINAL"?			
CAREGIVER INFORMA	TION							
First Name	Last Name		– Relatior	nship			Date of Birth	
Caregiver MMJ ID #				aregiver ID #				
CONSENT FORMS By selecting yes, you a accepted the Code of			С	Yes No	Pı	rint and	I bring with you	
Patient Signature		Date	C	aregiver Signature	(if applicable	e)	Date	

COVID SAFETY FORM



I have not tested positive for COVID-19 in the past 14 days.

I am not currently awaiting results from a COVID-19 test taken within the past 14 days.

I am not experiencing any COVID-19 symptoms such as fever, chills, fatigue, runny nose, cough, severe headache, sore throat, body aches, shortness of breath, or new loss of taste/smell.

In the past 14 days, I have not been in contact with someone who is COVID-19 positive for more than a cumulative total of 15 minutes in a 24-hour period (for example, 3 times for 5 minutes each).

Patient Signature	

CODE OF CONDUCT



To maintain a safe environment for **ALL customers and staff**, the following conduct is expected of all persons who enter this dispensary:

- For the protection of our patients' privacy, and for security reasons, no photography or video recordings are permitted in the dispensary.
- No food or beverages may be consumed on the sales floor during hours that cannabis is being dispensed, unless necessary for medical reasons.
- No loitering outside of the dispensary before or after completing a transaction.
- No consumption or vaporization of cannabis in the dispensary, the parking lot, or the surrounding area.
- I will not open any cannabis product package in the dispensary or parking lot.
- Wait until reaching a private residence/property before opening any cannabis product. Open products in the vehicle or in public may violate local and state laws.
- Do not distribute, sell, or share your cannabis products. Doing so violates local and state laws.
- Any inappropriate action or language is cause for being asked to leave the dispensary.
 Repeated offenses will result in a permanent refusal of service.
- I acknowledge that I am authorized to purchase medical marijuana in Ohio as a patient or as a caregiver on behalf of the patient identified in this transaction.
- By signing this document, I agree to be bound by The Landing Dispensary's Terms of Use and Privacy Policy.

This facility reserves the right to stop dispensing medical marijuana to me if unable to follow the following guidelines:

- If my behavior is inconsistent with the responsibilities listed above.
- If I am misusing medical marijuana or other drugs.
- If I enter the dispensary impaired and unable to operate a vehicle without a designated driver/caregiver.
- If I conduct myself in a disruptive, offensive, or belligerent manner towards employees or patients while in the dispensary.
- If caught using medical cannabis in The Landing Dispensary's parking lot.