



## Confidential Member Information

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DATE: \_\_\_\_\_ WCM MEMBER #: \_\_\_\_\_

NAME: \_\_\_\_\_

PREFERRED FIRST NAME (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

D.O.B.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMERGENCY CONTACT PHONE #: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?  Doctor/Provider  Friend  Internet  Local Event  Flyer

Magazine  Newspaper  Radio  TV (Please specify) \_\_\_\_\_

IF YOU WERE REFERRED BY AN EXISTING MEMBER, WHAT IS THEIR NAME? \_\_\_\_\_

CERTIFYING PROVIDER: \_\_\_\_\_

THE FOLLOWING SECTION IS OPTIONAL:

**To better serve your needs, we ask that you share the following information with us. Please know that your privacy and confidentiality are of the utmost importance and we will not share your information with anyone.**

OCCUPATION: \_\_\_\_\_

QUALIFYING DIAGNOSIS:  Cancer  Glaucoma  PTSD  HIV  ALS  Crohn's Disease  Alzheimer's Disease

NPS  Hepatitis C  Intractable Pain  Chronic Pain \_\_\_\_\_

WHAT SYMPTOMS DO YOU WISH TO ALLEVIATE WITH MEDICAL CANNABIS? \_\_\_\_\_

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EXPERIENCE WITH CANNABIS?

None, whatsoever  I've tried it in the past  I use it occasionally  I medicate daily

EXPERIENCE WITH CANNABIS EDIBLE PRODUCTS?

None, what is an edible?  I tried a brownie once  I have made my own  Connoisseur

THE FOLLOWING QUESTIONS ARE USED TO DETERMINE IF YOU QUALIFY FOR OUR *PREFERRED RATES PROGRAM*:

HAVE YOU SERVED IN THE U.S. MILITARY? \_\_\_\_\_

ARE YOU 65 YEARS OR OLDER? \_\_\_\_\_

DO YOU IDENTIFY WITH AN AMERICAN INDIAN TRIBE? \_\_\_\_\_

DO YOU PARTICIPATE IN ANY OF THE FOLLOWING PROGRAMS?

**Mainecare**     **State of Maine Food Supplement Benefits (EBT)**     **Supplemental Security Income (SSI)**

**Medicare**     **Social Security Disability Income (SSDI)**