

PATIENT CENTERED CBD DOSING BY DR. JASON

Optimizing your Lifestyle with CBD

Lifestyle

1. How many days per week do you work out? 1 2 3 4 5 6 7
2. Would you consider those intense workouts? Yes No Some
3. Rate how clean your diet is on a scale of 1-5 (5 being ideal)... 1 2 3 4 5
4. Have you used marijuana in the past? Yes No
5. Do you think you reacted more or less than the average person? More Less
6. How often do you get anxious? Constantly Sometimes Rarely Never
7. Are you taking an Anti-Depressant? Yes No Thinking about it
8. Have you used CBD before? No Yes, I got it from the Gas Station
9. Do you have difficulty falling asleep? Yes No
10. Do you wake up in the middle of the night anxious? Yes No
11. How many hours per night do you sleep on average? 4 5 6 7 8 9 10
12. Are you in pain? Yes No
13. Do you have Fibromyalgia? Yes No
14. Are you taking a blood thinner? Yes No
15. How many prescription medications are you taking? 1 2 3 4 5 6 7 8 9 10
16. How stressed are you? Scale of 1-10; 10 being most stressed. 1 2 3 4 5 6 7 8 9 10
17. Do you suffer from an autoimmune condition? Yes No
18. Do you get muscle stiffness/spasms? Yes No
19. Do you have poor circulation? Yes No
20. Are you a Pre-Diabetic or Diabetic? Yes No

Physical

Height ___' ___" Weight _____ lbs.