

Welcome!



Welcome, and thank you for choosing Bloom Medicinals as your preferred dispensary. We are a family business and our patients are part of our family. With that in mind, please tell us a little bit about yourself so that we can begin the journey of healing together.

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Phone: _____

Email: _____

Address: _____

Medical Marijuana Card #: _____

Driver's License #: _____

Do you have a licensed Caregiver*? YES NO

*A person, or two people you have designated as your caregiver who is registered with the State Medical Marijuana program

Caregiver Name: _____ Caregiver ID #: _____

Are you a Veteran? YES NO Financial Assistance? YES NO

Rate your experience with medical marijuana: Beginner 1 2 3 4 5 Expert

We know you may have questions or concerns. Would you like a free consultation with our staff today? YES NO

What products are you most interested in? Flowers Edibles Concentrates
 Tinctures Vaporizer Pens Transdermal Patches Salve Cream

Please tell us how you heard about Bloom Medicinals: Friend/Family Physician
 Website Internet Search Bloom Event Patient Support Specialist

Other _____

If you **do not** want to receive marketing emails and text messages please check here:

We look forward to providing you with knowledgeable and compassionate care. We know that there are other dispensaries out there, and we are humbled by your choice to visit Bloom today.

LIVE LIFE IN FULL BLOOM™

I _____ am applying to become a patient of BLOOM MEDICINALS (hereinafter referred to as BM). I am aware that BM is a Medical Marijuana Dispensary authorized by the State of Ohio. I certify that I am a qualified patient under the rules and regulations established by the State of Ohio Medical Marijuana Control Program. I acknowledge the following:

1. I am a legal resident of the State of Ohio;
2. I am over the age of 18;
3. I am and will continue to be in compliance with the State of Ohio Medical Marijuana Control Program. I acknowledge that obtaining Medical Marijuana from BM does not exempt a qualifying patient or caregiver from prosecution under Federal law and the penalties provided by Federal law;
4. All Medicinal Marijuana obtained from BM is for my own personal use and that I may not distribute any medicinal marijuana to any person;
5. I understand that it is illegal to transfer Medical Marijuana to any person, other than the transfer by a caregiver to a qualifying patient;
6. The use of Medicinal Marijuana is strictly prohibited in and around the dispensary and its adjoining parking lot;
7. Use of Medicinal Marijuana is not permitted in public places or on private property where it is prohibited;
8. I understand that I am not immune from the imposition of any civil, criminal, or other penalties for smoking Medical Marijuana on a private property that is rented from a landlord and is subject to a policy that prohibits the use of Medical Marijuana on the premises;
9. Operating a motor vehicle, aircraft or boat under the influence of Medical Marijuana is prohibited under the law and can cause serious bodily injury and/or death;
10. I understand that smoking of medical marijuana is not permitted per Ohio law;
11. I understand that I am not immune from the imposition of any civil, criminal, or other penalties for undertaking any task under the influence of Medical Marijuana, when doing so would constitute negligence or professional malpractice;
12. Medical Marijuana is not FDA approved;
13. I understand that medical marijuana should not be used by women who are pregnant or breastfeeding;
14. Medical Marijuana should be stored in a safe place not accessible to children and all necessary steps MUST be taken to prevent children from obtaining or using Medical Marijuana;
15. I agree to indemnify and hold BM harmless for any consequences resulting from the use or purchasing of Medical Marijuana.

I hereby acknowledge that the foregoing is true and correct.

Signature: _____ Date: _____

AKRON

COLUMBUS

PAINESVILLE

MAUMEE

SEVEN MILE

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