

It is important to share this information with your surgical team

Do you use marijuana/cannabis?	Yes _____ No _____
Do you use it for a medical condition?	Yes _____ No _____ If Yes, what condition? _____ If No, what is it used for? _____
How do you use it?	Smoking _____ Edibles _____ Vaping _____ Teas _____ Dabbing _____ Topical _____
How often do you use it?	Daily _____ Occasionally _____ Weekly _____ Other _____
When did you last use it?	Today _____ Last 72 hours _____ Yesterday _____
How long have you used cannabis products?	Days _____ Weeks _____ Years _____
Do you use other cannabis products?	Yes _____ No _____ If yes, list: _____
List any other medications you take for pain relief, anxiety, or sleep.	