

Market Street Dental, PC

Patient Cannabis/Marijuana Use Questionnaire

1. Do you use marijuana currently, or have you used marijuana during the last six months?
2. Do you use marijuana for medical purposes? If yes, for what medical condition?
3. Do you use marijuana for recreational purposes?
4. How long have you used marijuana?
5. What type of marijuana/method of delivery?
6. Did you use marijuana today prior to this dental appointment?
7. When was the last time you used any amount of marijuana?
8. What is the frequency that you use marijuana? a. Daily b. Weekly c. Once or twice a month
9. Have you noticed your mouth feeling dry?
10. Have you noticed your gums bleeding when brushing your teeth?
11. Have you noticed frequent coughing?
12. Have you noticed any sore spots or lesions in your mouth?
13. Have you had any of the following symptoms associated with you marijuana use?
 - a. Angina or chest pain
 - b. Rapid pulse or fast heart rate
 - c. High blood pressure
 - d. Loss of consciousness
 - e. Anxiety
 - f. Depression
 - g. Coughing or bronchitis
 - h. Increased phlegm
 - i. Increased appetite
14. Have you used marijuana in combination with alcohol?

Patient Name: _____ Date: _____