



Point of Renewal
INTEGRATED HEALTH
400 West Ave Suite A5 River Lakes, MI 48068
www.pointofrenewal.com 734-290-7407



LAKE ROOTS COMPANY
WWW.LAKERoots.COM
PREMIUM CBD

CBD Consultation Intake Form

Welcome to Lake Roots Company

Thank you for trusting us to help guide your journey with CBD. This form will assist us in understanding your health history, concerns, and goals to determine if CBD is a suitable option for you.

Personal Information

Full Name: _____ Date of Birth: _____ Are you a Veteran? Y / N

Phone Number: _____ Email Address: _____

Address: _____ Preferred Contact Method: Phone Email Text

Health Information

1. What are your primary health concerns or goals?

- ☐ _____
- ☐ _____

2. Do you have any diagnosed medical conditions?

- ☐ _____

3. Please list any symptoms you're currently experiencing:

- ☐ _____

4. Are you currently taking any medications, including prescription, over-the-counter, or supplements?

- ☐ Yes (Please specify): _____

- ☐ No

Note: It's important to discuss potential interactions between CBD and medications with your doctor or pharmacist.



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CBD Experience

1. Have you used CBD before?

Yes No

2. If yes, what type of product(s) have you used? Mark all those that apply

- | | |
|--|--------------------------------------|
| <input type="radio"/> CBD Oil | <input type="radio"/> Capsules/Pills |
| <input type="radio"/> Gummies/Edibles | <input type="radio"/> Other: _____ |
| <input type="radio"/> Topicals (Creams, Balms, etc.) | |

3. How long ago did you use CBD products?

- | | |
|--|---|
| <input type="radio"/> Currently using | <input type="radio"/> Over 6 months ago |
| <input type="radio"/> Within the past 6 months | |

4. Did you experience any noticeable benefits or side effects from using CBD?

Questions and Goals

1. What outcomes are you hoping to achieve with CBD?

2. Do you have specific questions or concerns about using CBD?

Important Information

CBD is not intended to diagnose, treat, cure, or prevent any disease. This consultation does not constitute medical advice, and the information provided should not replace professional medical guidance. Please consult with your doctor, especially if you are pregnant, nursing, taking medications, or have any medical conditions.

By signing below, I acknowledge that I have read and understood the above information. I understand that any recommendations are for informational purposes only.

Signature: _____

Date: _____