## Medical Cannabis Journal

Date	Product Name:	Mode of Delivery:		Foods Taken with Product:	
		☐ Smoking	Other (please specify):		
		☐ Vaping			
Time:		☐ Edible			
		☐ Pill			
		☐ Topical			
Symptoms Prior to Cannabis Use:		Positive Response:		Negative Response:	
Date	Product Name:	Mode of Delivery		Foods Taken with Product:	
		☐ Smoking	Other (please specify):		
		☐ Vaping			
Time:		☐ Edible			
		☐ Pill			
		☐ Topical			
Symptoms Pri	or to Cannabis Use:	Positive Response	): ::	Negative Response:	
Symptoms Pri	or to Cannabis Use:		 	Negative Response:	
Symptoms Pri	or to Cannabis Use:		  :	Negative Response:	
Symptoms Pri	or to Cannabis Use:		 	Negative Response:	
Symptoms Pri	or to Cannabis Use:		  :	Negative Response:	
Symptoms Pri	or to Cannabis Use:		::	Negative Response:	
		Positive Response			
Symptoms Pri	or to Cannabis Use:  Product Name:	Positive Response	:	Negative Response:  Foods Taken with Product:	
		Mode of Delivery			
Date		Mode of Delivery	:		
		Mode of Delivery	:		
Date		Mode of Delivery  Smoking Vaping Edible Pill	:		
Date Time:	Product Name:	Mode of Delivery  Smoking Vaping Edible Pill Topical	: Other (please specify):	Foods Taken with Product:	
Date Time:		Mode of Delivery  Smoking Vaping Edible Pill	: Other (please specify):		
Date Time:	Product Name:	Mode of Delivery  Smoking Vaping Edible Pill Topical	: Other (please specify):	Foods Taken with Product:	
Date Time:	Product Name:	Mode of Delivery  Smoking Vaping Edible Pill Topical	: Other (please specify):	Foods Taken with Product:	
Date Time:	Product Name:	Mode of Delivery  Smoking Vaping Edible Pill Topical	: Other (please specify):	Foods Taken with Product:	
Date Time:	Product Name:	Mode of Delivery  Smoking Vaping Edible Pill Topical	: Other (please specify):	Foods Taken with Product:	