



Canna Care Docs

A Division of MedEval, Corp.

Compassionate Compliant Confidential

Cannacaredocs.com

410-412-3470

MD@CannaCareDocs.com

Date: _____

Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Email Emergency Contact: _____ Phone: _____

Current Primary Care

Physician Name: _____ Office: _____

Address: _____ City: _____ State: _____

Phone: _____ Fax: _____

Please check off the medical condition(s) in which you are here for today:

Cancer - What kind? _____ How long? _____

ALS- Lou Gehrig's Disease _____ How long? _____

HIV/AIDS _____ How long? _____

Hepatitis C or Decompensated Cirrhosis _____ How long? _____

Alzheimer's Disease _____ How long? _____

Multiple Sclerosis _____ How long? _____

Cachexia (toothin) or wasting How much weight loss? _____ How long? _____

_____ How long? _____

Persistent Muscle Spasms How often? _____ How long? _____

Intractable Nausea How often? _____ How long? _____

Seizures How often? _____ How long? _____

Severe Pain How often? _____ How long? _____

Location of pain: _____

Describe the pain: _____

Does the pain travel elsewhere? If so, where? _____

If u have pain, how bad does it get on a scale of 0-10? (10 being the worst) _____

Other: (Please describe) _____

How does your medical condition affect your quality of life? _____

Do you, or have you had any of the following? (Check all that apply)

- Diabetes High blood pressure Muscle Cramps Seizures Heart Disease
- Arthritis Abdominal problems Headaches Syncope Lung Disease

Allergies to any medication? Name of medication(s) _____

Have you been losing weight? Yes No If yes, how much? _____ Over how long? _____

Is there any chance you are currently pregnant? Yes No Currently breastfeeding? Yes No

INJURIES/ SURGERIES Applicable to reason for visit

TYPE

DATE

MEDICATIONS

PRESCRIBED

OVER THE COUNTER

- Are you currently on probation or parole? Yes No
- Do you have a pending cannabis case? Yes No
- Do you use illicit drugs? Yes No
- Do you smoke tobacco? Yes No How much/how often? _____
- Do you drink alcohol? Yes No How much/how often? _____

How did you hear about Canna Care Docs?

- Google News Paper TV News Facebook Friend Leafly Marijuana Drs.
- Flyer From where? _____ Other: _____



Know Your Medication

Instructions: Please read the following and check each item, stating you understand and acknowledge the information. If you have questions, or do not understand, consult with our staff.

Medical Cannabis is used in treating debilitating medical conditions, defined as limiting life activities.

The use of cannabis affects coordination and cognition, and impairs your ability to drive or engage in potentially hazardous activities. Wait at least 6 hours after cannabis use before operating any equipment.

Some patients may experience symptoms when they stop smoking cannabis. These include irritability, insomnia, loss of appetite, restlessness, trouble concentrating, and fatigue.

Cannabis potency varies with the strain and the method of consumption. Determining the appropriate cannabis dosage is difficult and may require a trial and error approach. Always start at the lowest dose, and increase it gradually.

Nausea, palpitations and numbness are symptoms of cannabis excess. Chronic use of cannabis may lead to general apathy in a few patients, or to psychosis in those predisposed to the condition.

Cannabis should not be used if pregnant or breastfeeding.

Possession of cannabis is still currently illegal under federal law. Canna Care physicians and staff are neither prescribing nor dispensing cannabis. Our certification is that a qualifying medical condition exists, and that the potential benefits of medical marijuana appear to outweigh the risks.

Canna Care physicians and staff are addressing specific aspects of a patient's medical care and are in no way establishing themselves as the primary care provider.

Cannabis is not regulated by the Food and Drug Administration and may contain unknown quantities of active ingredients and impurities.

Smoking cannabis within 1000 feet of a school, daycare, or public park is illegal.

Smoking cannabis may cause respiratory illnesses, including cancer. Any ill effects experienced with the use of cannabis require discontinuation of the drug and medical evaluation.

A vaporizer substantially reduces many of the harmful toxins that are present in cannabis smoke. Oral cannabis preparations are less harmful, as are topical products.

Semi-annual evaluations are recommended as during an annual period, changes may occur in your health and your ability to use cannabis.

Patient Agreement and Consent

I hereby declare that I have truthfully and completely disclosed all information regarding my medical and behavioral health condition(s).

I agree to provide supporting documents pertaining to my medical condition(s) if requested.

I consent to an evaluation by the Canna Care Docs practitioner to be certified for the medical use of cannabis.

I authorize Canna Care Docs to verify my status according to the Canna Care Notice of Privacy Practices.

I have received a copy of the Canna Care Notice of Privacy Practices, and accept those practices.

I acknowledge that it is my sole responsibility to participate in the follow up with Canna Care Docs during my 6th month of treatment.

Patient Name (Print)

Date of Birth

Patient Signature

Today's Date

Witness Initials

Canna Care Notice of Privacy Practices

We are required by law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, legal obligations and your rights concerning your Protected Health Information (PHI). We must follow the practices that are described in this Notice or amended versions of this Notice.

Permissible Uses and Disclosures Without Your Written Authorization. We may use and disclose PHI without your written authorization for purposes described below. These are examples of the types of PHI disclosures that are permissible under federal and state law.

1. **Health Care Operations:** We may use PHI connection with our healthcare operations, including quality assurance activities, training programs, accreditation, licensing or credentialing activities.

2. **Required by Law:** We may disclose PHI when we are required or permitted to do so by law. For example, we may disclose PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes. We may also disclose PHI if necessary to avert serious threat to your health or safety, or the health and safety of others. Other disclosures permitted or required by law include disclosures for public health and health oversight activities, including disclosures to state or federal agencies authorized to access PHI, disclosures to law enforcement officials in response to a court order or other lawful process and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions as authorized by law.

3. **Follow-up Issues:** We may use and/or disclose PHI to contact you to advise you that we have follow-up information for you. The advice to call us may be left on a telephone answering machine, or sent via US mail. We will accommodate reasonable requests that we provide you with this information through alternative means.

Uses and Disclosures Requiring Your Written Authorization

1. **Marketing Communications:** We must obtain your written authorization prior to using your PHI for marketing purposes. If the marketing involves any financial compensation to us, the authorization must state that such compensation is involved.

2. **Uses and Disclosures of Your Highly Confidential Information:** Federal and state law requires special privacy protections for certain highly confidential information about you. This includes PHI that is about: (1) mental health and development disability services (2) alcohol and drug abuse issues, (3) HIV/AIDS testing, diagnosis or treatment, (4) Venereal diseases, (5) Genetic testing, (6) Child abuse and neglect, (7) Domestic abuse of an adult with a disability, and/or (8) sexual assault. In order for us to disclose this highly confidential information for a purpose other than those permitted by law, we must obtain your written authorization.

3. **Other uses and Disclosures:** Uses and disclosures other than those described in this notice will only be made with your written authorization. You may revoke such authorization at any time by providing us with written notification of the revocation.

Your individual Rights:

1. **Right to Inspect and Copy:** You may request access to your medical records and request copies of the records. All requests for access must be made in writing.

2. **Right to Alternative Communications:** We will accommodate any reasonable written request for you to receive PHI by alternative means of communication or alternative locations.

3. **Right to Request Restrictions:** You may request a restriction on PHI use for healthcare operations. You must request any such restriction in writing.

4. **Right to Accounting of Disclosures:** Upon written request, you may obtain an accounting of certain disclosures of PHI made by us.

5. **Right to Request Amendment:** You may request that we amend your health information. Your request must be in writing, and it must explain **why** this information should be amended.

6. **Right to Obtain Notice:** You have the right to obtain a paper copy of this Notice.

EFFECTIVE DATE AND CHANGES TO THIS NOTICE:

Effective Date: April 26, 2016

Changes to this Notice: We may change the terms of this Notice at any time. We may make the new notice terms effective for all PHI that we maintain, including information created or received prior to issuing the new notice. If we change this notice, we will post the revised notice in the waiting area of our office, and on our website at www.cannaca.redocs.com

Signed _____

Date _____