



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

- Diabetes Abdominal Problems Arthritis Heart Disease
 High Blood Pressure Muscle cramps Syncope Headaches
 Lung Disease Seizures Other : _____

Allergies to any medication? Name(s) _____

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

Are you currently pregnant? _____ Currently breastfeeding? _____

PLEASE LIST ALL MAJOR INJURIES / SURGERIES / ACCIDENTS

_____	_____
_____	_____
_____	_____

PLEASE LIST ALL CURRENT 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 smoke tobacco? Yes No How much/how often? _____

Do you drink alcohol? Yes No How much? _____ How often? _____

Do you use illicit drugs? Yes No

How did you hear about Canna Care Docs?

- Google News Paper Yahoo Craigslist Friend Other _____



Date: _____
 Name: _____ DOB: _____
 Address: _____
 City _____ State _____ Zip _____
 Phone: _____ Email: _____
 Emergency Contact: _____ Phone: (____) _____ - _____

Current Primary Care

Physician Name: _____ Office: _____
 Address: _____
 City _____ State _____ Phone: (____) _____ - _____

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

- Cancer - What kind? _____ How long? _____
- Glaucoma _____ How long? _____
- AIDS/HIV _____ How long? _____
- Parkinson's Disease _____ How long? _____
- Hydrocephalus w/ Intractable Headaches _____ How long? _____
- Intractable Headache Syndromes _____ How long? _____
- Muscular Dystrophy _____ How long? _____
- Neuropathic Facial Pain _____ How long? _____
- Osteogenesis Imperfecta _____ How long? _____
- Post Herpetic Neuralgia _____ How long? _____
- Severe Rheumatoid Arthritis _____ How long? _____
- Spasticity or Neuropathic Pain Associated with Fibromyalgia _____ How long? _____
- Crohn's Disease _____ How long? _____
- Sickle Cell Disease _____ How long? _____
- Cachexia (too thin for height) _____ How long? _____
- Severe Psoriasis / Psoriatic Arthritis _____ How long? _____
- Amyotrophic Lateral Sclerosis _____ How long? _____
- Cerebral Palsy _____ How long? _____
- Epilepsy / Seizure Disorder _____ How long? _____
- Multiple Sclerosis _____ How long? _____
- Cystic Fibrosis _____ How long? _____
- Complex Regional Pain Syndrome _____ How long? _____
- PTSD _____ How long? _____
- Damage to the Nervous Tissue of the Spinal Cord _____ How long? _____
- Post Laminectomy Syndrome w/ Chronic Radiculopathy _____ How long? _____
- Irreversible Spinal Cord Injury w/ Intractable Spasticity _____ How long? _____
- Terminal Illness Requiring End of Life Care _____

Canna Care Docs

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 in 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, or domestic violence or the possible victim of other crimes. We may also disclose PHI if necessary to avert a serious threat to your health or safety, or the health or 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 developmental 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 at 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 the 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: August 1, 2013

Changes to this Notice: We may change the terms of this Notice at anytime. 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.cannacaredocs.com.

Signed _____ Date _____



KNOW YOUR MEDICATION

Please read the following and initial each item, stating you understand and acknowledge the information.

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

_____ The use of cannabis affects coordination and cognition, and impairs 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 using 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 you become pregnant or are 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.

_____ CannaCare 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 or daycare 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.



PATIENT AGREEMENT AND CONSENT

- I hereby declare that I have truthfully and completely disclosed all information regarding my medical and behavioral health conditions.
- I agree to provide supporting documents pertaining to my medical condition 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.

Patient Name (print)

D.O.B.

Patient Signature:

Date

Witness Initials: _____