



NEW PATIENT INTAKE

2515 Camino Del Rio South # 340 San Diego, Ca 92108

How did you hear about MC² _____

Patient Name (print) Date

Patient Address City Zip code

Sex(M/F) Age Date of Birth (_____) Telephone

Primary Care Physician _____

Medical Condition – Complaint _____

Have you ever been hospitalized? Yes No If 'yes' give details and dates: _____

Are you taking any medications? Yes No If 'yes' name medication: _____

Have you ever had any surgeries? Yes No If 'yes' give details and dates: _____

Do you smoke tobacco? Yes No If 'yes' how much per day: _____

Have you traveled outside of the US in the last year? Yes No If so where: _____

Have you ever been exposed to asbestos, chemicals, poisons, or radiation in the past year? Yes No

If so when & where: _____

What is your occupation? _____

Please specify if you have or had any of the these conditions seriously enough to seek medical care:

- Bleed or bruise easily
- Cough
- Blood in bowels
- Dizziness
- Heartburn
- Pain When
- Urinating
- Skin rashes
- Coughing blood
- Eye problems
- Increased Urination
- Palpitations
- Swollen ankles
- Blood in Urine
- Depression
- Fever
- Joint Pain
- Rectal Pain
- Toothache
- Chest Pain
- Diarrhea
- Headaches
- Loss of appetite
- Seizures
- Vomiting
- Constipation
- Difficulty in swallowing
- Hearing Problems
- Nervousness
- Stomach pain
- High Blood pressure Asthma
- Alcoholism
- Hepatitis
- Tuberculosis
- Stroke
- Diabetes
- Sinusitis
- Substance abuse
- Kidney disease
- Cancer

If you currently use cannabis(marijuana), or have in the past, has it helped your medical symptoms?

Yes No If so, Explain: _____

What method did you use to consume the cannabis(marijuana)? _____

How often do use cannabis(marijuana) presently, if at all? _____

How much cannabis(marijuana) would you estimate you use per day? _____

Has your cannabis consumption changed in the last 6 months? Increased No change Decreased

If changed, what do you attribute the change to? _____

Are you using cannabis(marijuana) for pain relief? Yes No If so, Explain: _____

Are you using cannabis(marijuana) to relieve nausea and vomiting? Yes No If so Explain: _____

Are you using cannabis(marijuana) to help you sleep? Yes No If so, Explain: _____

Has the amount of cannabis(marijuana) needed to control your symptoms changed over time? Yes No

Need much more need a little more need about the same need a little less need much less

Have you ever stopped using cannabis(marijuana) and your symptoms return or worsen? Yes No

If so, Explain: _____

Which works better for your symptoms and condition, prescribed medicines or cannabis(marijuana)

Explain: _____

If you use cannabis(marijuana), do you find it changed your use of other drugs or alcohol? Yes No

Explain: _____

Do you use an anti-depressant, describe the effect: _____

Do you use an anti-depressant and cannabis(marijuana)combined, describe the effect: _____

Describe any bad effects you have to cannabis(marijuana): _____

Patient Signature

Date

PATIENT AGREEMENT and INFORMED CONSENT

Please read and initial in the spaces provided to indicate that you understand and agree to each item. Do not sign this agreement if you have questions about or do not understand the information you have received about medicinal marijuana.

I _____ understand that medicinal marijuana is considered a
Patient's Name
medicine and to be used in treating the suffering caused by serious and debilitating medical conditions.

Serious and debilitating medical conditions include:

- ✚ Arthritis
- ✚ Cancer
- ✚ Seizures, including, but not limited to, seizures associated with epilepsy
- ✚ Human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS)
- ✚ Persistent muscle spasms, including, but not limited to, spasms associated with Multiple Sclerosis
- ✚ Migraine
- ✚ Anorexia
- ✚ Cachexia (i.e. weight loss, wasting of muscle, loss of appetite, and general debility that can occur during a chronic disease)
- ✚ Severe or chronic pain
- ✚ Severe nausea.
- ✚ Glaucoma
- ✚ Depression

Medicinal marijuana is also used in the treatment of other chronic medical symptoms that:

- ✚ If not alleviated, may cause serious harm to the patient's safety or physical or mental health.
- ✚ Substantially limit the ability of the person to conduct one or more major life activities as defined in the Americans With Disabilities Act of 1990 (Public Law 101-336);

Initials_____

I currently have a primary care Physician:

Primary Care (_____) Telephone Number

Address City State Zip Code

I am currently under self care and choose **not** to have a primary care provider. Initials_____

Contraindications, Side Effects and Liability Release

Cannabis(marijuana) may affect or impair: my coordination and cognition, my ability to drive, operate heavy machinery, or ability to engage in potentially hazardous activities.

Initials_____

Vaporizers may substantially reduce many of the potentially harmful smoke toxins that are normally present in marijuana smoke, because although smoking cannabis(marijuana) has not been linked to lung cancer, smoking it can cause respiratory harm, such as bronchitis. Many researchers agree that marijuana smoke contains known carcinogens (chemicals that can cause cancer), and that smoking marijuana may increase the risk of respiratory diseases and cancers of the lungs, mouth, and tongue. Cannabis(marijuana) smoke contain chemicals known as tars that may be harmful to my health.

Initials_____

Side effects of medical cannabis(marijuana) can include, but are not limited to:

Anxiety	Paranoia
Sedation	Alterations in the perception of time and space
Inability to concentrate	Tachycardia (fast heart beat), and heart palpitations
Euphoria	Impairment of motor skills, reaction time and physical coordination
Difficulty in completing complex tasks	Increased talkativeness
Dizziness	Psychotic symptoms (e.g., delusions, hallucinations).
Low blood pressure	Impairment of short-term memory
Confusion	
Suppression of the body's immune system	

I understand that side effects may occur while I am taking medical cannabis(marijuana). These side effects have been explained to me.

Initials_____

The potency and effects of cannabis(marijuana) varies. Estimating the proper marijuana dosage is very important.

Symptoms of cannabis (marijuana) overdose include, but are not limited to:

Nausea;
Vomiting;
Disturbances to heart rhythms, and numbness in the limbs;
Hacking cough.

Initials_____

For some patients, chronic marijuana overuse can lead to laryngitis, bronchitis, and general apathy. I understand that some patients can become dependent on marijuana and could experience withdrawal symptoms when they stop.

Symptoms of withdrawal, while generally mild, can include:

Feelings of depression, sadness or irritability;
Trouble concentrating;
Insomnia;

Unusual tiredness;
Sleep disturbances;
Loss of appetite;

Initials_____

I understand that the cannabis plant is not a food crop and therefore not regulated by the Food and Drug Administration and may contain unknown quantities of impurities, active ingredients and /or contaminants.

Initials_____

While under the influence marijuana the use of alcohol is not recommended.

Initials_____

The possibility exists that it may exacerbate schizophrenia in persons predisposed to that disorder, although marijuana does not produce any known psychosis.

Initials_____

I agree to notify the staff Physician if I :

have taken prescribed medicine for this
been prescribed medicine for this condition
have ever had symptoms of depression
have attempted suicide
have been psychotic
have had any mental illness
am using any herbs, supplements or other medications

Initials_____

While using cannabis (marijuana) I agree to notify the staff Physician if I :

start to feel sad
disruptions in my sleep pattern
cry for no reason
lose interest in my usual activities
lose my appetite
begin to withdrawal from friends and family
become irritable
feel abnormally tired
think I am developing a tolerance to cannabis (marijuana)

Initials_____

I agree to notify the staff Physician if I begin to experience respiratory problems or any other ill effects and discontinue the use of medicinal cannabis (marijuana) until further notice.

Initials_____

The **MC2**, staff Physician is not providing, dispensing, nor encouraging me to obtain medicinal cannabis

Initials _____

Neither **MC2**, it's associates or the staff Physician are addressing any specific aspects of the patients medical care and, unless otherwise stated, are in no way establishing ourselves as the primary care Physician.

Initials _____

Neither **MC2**, its associates nor the staff Physician advise or condone that I discontinue treatment or medication that I presently take.

Initials _____

I have attempted to obtain my medical records pertaining to my condition

Initials _____

I have no medical records presently pertaining to my condition

Initials _____

I give my consent to have my *name, date of visit and only required information* to be released for the legal verification of my recommendation to Law enforcement and/or medical Co-ops and Collectives

Initials _____

LIABILITY WAIVER

In addition, the undersigned, my heirs, assigns, or anyone acting on my behalf, hold the physician and his principals, agents, and lease managers, free and harmless from any and all responsibility for any and all unforeseen harm resulting to me and/or any other individuals as a result of my use of cannabis (marijuana)

I certify that I have read this document and declare UNDER PENALTY OF PERJURY that the information contained herein is correct, true, and complete.

Patient Name (print)

Date

Patient signature

(_____) _____
Telephone

Patient Address

City

Zip code

MC2 has explained to the patient, the nature and purpose of medical cannabis(marijuana) treatment, including its benefits and possible side effects, I have asked the patient if he/she has any questions regarding his/her treatment with medicinal cannabis(marijuana)and answered those questions to the best of my ability.