Hybrid MD URGENT CARE

Patient Registration Form (MMJ)

DEMOGRAPHIC INFORMATION

Legal Name (*must match ID*) First: _____Middle: _____Last: _____

DOB: _____Gender: _____DMV ID# (or ID#) _____

Phone #: _____Alt. Phone#: _____Email: _____

Current CA Address: Street: _____Apt/Suite#: _____

City: _____State: _____Zip code: _____

Emergency Contact: Full Name: _____

Phone #: _____Alt Phone #: _____Relationship: _____

PATIENT MEDICAL HISTORY

Are you presently under the care of another medical physician and/or clinic? **YES** ◯ **NO** ◯

What is/are your Medically diagnosed condition(s) *(must match with the medical records used for evaluation)*?

_____

_____

Do you have any Major Medical Concerns?

_____

_____

Please check all the reasons for your visit?

◯ HIV/AIDS ◯ Anorexia ◯ Arthritis ◯ Cachexia ◯ Cancer

◯ Chronic Pain ◯ Glaucoma ◯ Migraine ◯ Seizures ◯ Persistent Muscle Spasms

◯ Severe Nausea ◯ Other Chronic or Persistent Medical Symptoms.

Patient's Initial: _____ Date of Service: _____

Hybrid MD URGENT CARE

Please list your current medications: *(if you have a prepared list, please hand it in to the Front Desk Agent*)

Please write N/A if you have none.

Medication/Drug	Dose	Frequency (how often)	Reason for taking it

Please list your Allergies to medications. Please write N/A if you have none.

Medication/Drug	Reaction

Have you been hospitalized? Did you have any major surgeries? Please write N/A if you have none.

When	Reason

Have you used any alternative therapies or methods? Please write N/A if you have none

Therapy / Method	Reason for Treatment

Do you have any breathing or lung problems? Please write N/A if you have none

Concerns	How often or how long does it last?

Do you have any Cardiac or Heart problems? Please write N/A if you have none

Concerns	How often or how long does it last?

Patient's Initial: _____ Date of Service: _____

Hybrid MD URGENT CARE

Do you smoke cigarettes?	**YES** ◯	**NO** ◯
Do you drink alcohol?	**YES** ◯	**NO** ◯
Do you have a History of Drug and/or Alcohol Abuse?	**YES** ◯	**NO** ◯
Are you unable to work because of work injury?	**YES** ◯	**NO** ◯
Are you currently employed?	**YES** ◯	**NO** ◯
Are you on Parole?	**YES** ◯	**NO** ◯
Are you on Probation?	**YES** ◯	**NO** ◯
Have you been convicted or in the proceedings for a DUI?	**YES** ◯	**NO** ◯
Are you currently pregnant or could be pregnant (if applicable)?	**YES** ◯	**NO** ◯
Are you breast-feeding (if applicable)?	**YES** ◯	**NO** ◯
Are you using birth control?	**YES** ◯	**NO** ◯

I hereby certify that all the above information regarding my patient information and medical history, symptoms and conditions is true and correct to the best of my knowledge. **INITIAL** _____.

FINANCIAL AGREEMENT: The cost of a new recommendation is $85. The cost for a renewal is $85. For the 1st time loss of certificate of recommendation, a complimentary copy will be given. Subsequent loss of certificate, patients will be charged $85 for a replacement. Full payment is expected at the end of the evaluation visit. If patients are not qualified to receive medical marijuana certificate recommendation, NO FEES will be charged. I hereby agree to the above terms & conditions. **INITIAL** _____.

Patient's Name (or representative): _____**Date**: _____

Patient's Signature (representative's signature & relationship) _____

Patient's Initial: _____ Date of Service: _____

Hybrid MD URGENT CARE

Possible Side Effects of Cannabis

If you choose to use cannabis, please be aware of these possible side effects.

1. **Pregnancy:** Cannabis is unsafe when taken by mouth or smoked during pregnancy. Cannabis may pass thru the placenta and affect the growth of the fetus. It may also cause other fetus abnormalities.
2. **Neurology:** May cause drowsiness. It may impair your short term motor skills and coordination. It may also impair your short term memory.
3. **Lungs:** By inhaling cannabis smoke it may exacerbate the existing lung problems. Long term use may cause airway irritation. Long term use is also associated with the unusual type of lung cancer.
4. **Heart:** May cause an increase in heart rate or a slight decrease in blood pressure.
5. **Muscle:** May reduce muscle spasms, tremors, tics and spasticity.
6. **Immune System:** Can weaken the immune system. May decrease the body's ability to fight infections
7. **Eyes:** May cause dry and/or red eyes. It may also lower the pressure in the eyes.
8. **Surgery:** May slow down the central nervous system when combined with anesthesia and other medications during or after surgery. Stop using cannabis at least 2 weeks before surgery.
9. **Gastrointestinal:** May decrease intestinal muscle spasms. May stimulate appetite. It may decrease nausea and vomiting. Also known to function as anti-inflammatory.
10. **Pain Management:** May help reduce the pain especially neuropathic pain. May help numb the pain.
11. **Psychology:** May provides euphoric feeling and relaxation. It may intensify sensations. It may also cause panic and sadness. It affects your judgement and concentration. Long term side effects include mood swings and disturbance. May cause a mild withdrawal which may lead to irritability, insomnia, and depression.

    If you feel you are in a life-threatening emergency, please dial 911 or have someone take you to the nearest hospital.

I have read and understand the possible side effects of using cannabis.

Patient's Signature (or Representative's Signature) _____

Date: _____

Patient's Initial: _____ Date of Service: _____