



# Canna~Wise

ALTERNATIVE MEDICINE

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Full Street Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Information (Name/Phone Number):

\_\_\_\_\_  
\_\_\_\_\_

Who is your primary care physician? Please include name, address, and phone number if known.

\_\_\_\_\_  
\_\_\_\_\_

Do you drink alcohol? (Yes/No; if Yes, please list how many and how often):

\_\_\_\_\_

Do you use illicit drugs (Yes/No; if Yes, please describe type, amount, and frequency):

\_\_\_\_\_  
\_\_\_\_\_

Do you have any mental illness in your family? (Yes/No; if Yes, please describe below):

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized due to a psychiatric issue? (Yes/No; if Yes, please describe below):

\_\_\_\_\_  
\_\_\_\_\_

Do you have a cardiac condition? (Yes/No; if Yes, please describe below):

\_\_\_\_\_  
\_\_\_\_\_

Are you pregnant or plan on becoming pregnant soon? (Yes/No): \_\_\_\_\_

Are you on probation or parole? (Yes/No): \_\_\_\_\_

Please specify all medications and supplements you are presently taking and for what reason:

\_\_\_\_\_  
\_\_\_\_\_



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List any and all applicable surgeries below:

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Allergies:

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Check any of the following ailments that apply to you.

- Migraines \_\_\_                      Gastritis or esophagitis \_\_\_                      Head Injury \_\_\_
  - High Blood Pressure \_\_\_                      Hormone-related problems \_\_\_                      Angina or chest pain \_\_\_
  - Irritable Bowel Syndrome \_\_\_                      Chronic Pain \_\_\_                      Loss of consciousness \_\_\_
  - Heart attack \_\_\_                      Heart Valve Problems \_\_\_                      Urinary tract problems \_\_\_
  - Bone or joint problems \_\_\_                      Seizures \_\_\_                      Fibromyalgia \_\_\_
  - Kidney-related issues \_\_\_                      Chronic Fatigue \_\_\_                      Dizziness \_\_\_
  - Numbness & Tingling \_\_\_                      Shortness of Breath \_\_\_                      Diabetes \_\_\_
  - Post-Traumatic Stress Disorder \_\_\_                      Cachexia (Too thin for weight) \_\_\_                      Eating Disorders \_\_\_
  - Hepatitis C \_\_\_                      Asthma \_\_\_                      Arthritis \_\_\_                      Thyroid Issues \_\_\_
  - HIV/AIDS \_\_\_                      Cancer \_\_\_                      Glaucoma \_\_\_                      Scoliosis \_\_\_
  - ADHD/ADD \_\_\_                      Anxiety \_\_\_                      Depression \_\_\_                      Insomnia \_\_\_
  - Nausea/Vomiting \_\_\_                      ALS \_\_\_                      Movement Disorders \_\_\_                      Multiple Sclerosis \_\_\_
  - Parkinson's Disease \_\_\_                      Post-Traumatic Pain \_\_\_                      Sleep Apnea \_\_\_                      Endometriosis \_\_\_
- Others (List any other ailment not mentioned above on the lines below):

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Is there anything else you would like us to know in order to help provide the best treatment for you?

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## Know Your Medication

Please initial each line showing you read and understand each of these statements.

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

\_\_\_\_\_ The use of cannabis affects co-ordination 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. This may vary depending on the form of cannabis you had taken.

\_\_\_\_\_ 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 each cultivar/strain and each consumption method. 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 excessive cannabis usage. Chronic use of cannabis may lead to general apathy in a few patients, or to psychosis in those pre-disposed 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~Wise 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~Wise 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

\_\_\_\_\_ Vaporization may substantially reduce many of the harmful toxins present when smoking cannabis. Oral cannabis preparations and topical products are less harmful dosing options.



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\_\_\_\_\_ Smoking cannabis within 1000 feet of a school or day care is illegal.

## 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~Wise Alternative Medicine practitioner to be certified for the medical use of cannabis.
- I authorize Canna~Wise to verify my status according to Canna~Wise's Notice of Privacy Practices.
- I have received a copy of the Canna~Wise Notice of Privacy Practices and accept those practices.

Patient Signature: \_\_\_\_\_



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Date: \_\_\_\_\_

## Registration Information

All medical marijuana patients must have a valid doctor's certification and state registration in order to be a fully-fledged patient in the Massachusetts Medical Marijuana Program. In order to be registered, we will need to release to the state the following information: your name, date of birth, e-mail address, the last four digits of your social security number as well as the medical reason for certification.

Once your information has been entered into the Massachusetts Cannabis Industry Portal (MassCIP), you will then receive an e-mail from the state confirming you are a patient and instructions on how to proceed with the registration process. We are more than happy to help you with this process here in the office because you will be required to complete this process in order to be considered a fully active and legal medical marijuana patient of Massachusetts. If you decline our help and would like to do this on your own, we will make sure you have a step-by-step packet demonstrating exactly how to complete the process online. If you have any issues, you're more than welcome to come back in or contact us and we will help you out as much as possible.

For all new patients, we encourage you come back in 6 months for a follow up so we can make sure you're getting the best results from this medication in addition to fulfilling the relationship requirement aspect of the state guidelines.

If you do not complete your registration for the Massachusetts Medical Marijuana Program, you will NOT be considered a legal patient.

Please sign your full name below to acknowledge you have read and fully understand this information.

Patient Signature: \_\_\_\_\_



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Date of Birth: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Last 4 of Social Security Number: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## 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 version 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.

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

- 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.



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- 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. 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.

## Notice of Privacy Practices (Continued)

### 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 restrictions in writing.
- 4. Right to Accounting of Disclosures:** Upon written request, you may obtain an accounting of certain disclosures of PHI made by Canna~Wise.
- 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.



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**Effective Date and Changes to this Notice:** October 31, 2019

**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 our office as well as on our website: [cannawisemed.org](http://cannawisemed.org)*

Please sign your full name below to confirm that you have read and completely understand these Privacy Policies and HIPPA guidelines.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_