MEDICAL CANNABIS OF SOUTHERN CALIFORNIA

New Patient History

(A) PATIENT INFORMATION:

Name _____ Date_____

Address _____

City_____ State _____ Zip _____

Cell Phone _____Work _____Home _____

D.O.B _____ Age_____ Email: _____

Do we have permission to send you a reminder to renew your medical recommendation in 12 months?
Yes____ No____

How did you hear about Medical Cannabis of Southern California? (check all that apply)

Google	____	San Diego Reader	____
Referral*	____	North County Times	____
OC Weekly	____	CaNorml.org	____
Press Telegram	____	MCC Directory	____
Flyer **	____	Cannabisclubs.com	____
The District	____	Dispensary/Collective (Specify	_____

Name of person or collective who referred you? _____
Location of flyer? _____

Is this your first evaluation for medical cannabis? Yes ___ No ___

Are you currently on probation? ___ or parole? ___

(B) PAST MEDICAL HISTORY

Name and contact info of the Physician who treats you for the condition you are being evaluated for:

_____

Name Address City State Zip

_____

Phone/Fax

Approximate date (month/year) of the last time you visited your doctor: _____

Please list any medical condition that 1) a physician has evaluated you for 2) you were admitted to a hospital for or 3)are currently being treated for: (For example: Arthritis, High Blood Pressure, Glaucoma, Migraine Headaches, Diabetes, Anxiety, Asthma, Hepatitis C)

_____

_____

Do you have any history of heart disease? Yes ___ No ___
Do you have any history of lung disease? Yes ___ No ___

(C) PAST SURGICAL HISTORY

Please list any surgeries that you have had in the past. Include the reason, date, hospital and doctor who performed the surgery

_____

Are you allergic to any medications? Yes _____ No _____ If yes please list your drug allergies below:

_____

(D) CURRENT MEDICATIONS:

Please list the medications that you're currently taking on a daily or occasional basis (please include over the counter medications such as Claritin): Include the dosage and frequency of use.

_____

_____

_____

_____

FEMALES: Currently using birth control? (specify) _____

(E) FAMILY MEDICAL HISTORY:
Please provide if possible any medical conditions that your immediately family members suffer from:

Mother _____
Father _____
Brother_____
Sisters _____

(F) SOCIAL HISTORY

How often do you drink alcohol and how many drinks do you typically consume when you drink? (For example: Typically drink 6-10 drinks every weekend)_____

How often do you use any recreational drugs other than marijuana and what do you use? (Heroin, Cocaine, Ecstasy, Acid, Mushrooms etc.)_____

How often do you smoke cigarettes and how many do you smoke each day? _____

(G) CHIEF COMPLAINT

Please describe the medical condition or complaint that you are seeking a recommendation for medical marijuana: (please include when you first noticed the symptoms and when you received the diagnosis)

_____

_____

_____

_____

Do you currently use cannabis to treat your current medical condition? Yes ___ No ___

If yes: How long have you been using cannabis? _____

Did you ever have any allergic reactions to cannabis? Yes ___ No ____

Does it provide relief for your symptoms? (if yes please describe. For example, less pain or nausea)

_____
How often do you use it (daily, weekly, monthly)_____
How much cannabis do you consume per treatment?_____
What method do you currently use to consume the cannabis-**circle methods used**: Ingest/Vaporize/Smoke?

Physicians Comment (**leave blank**)
_____

_____

_____

_____

_____
(For Physician) Work____Sleep____Interact with Others____Eat_____

If not listed above, please describe all treatments that you have received to date for your current medical problems such as the medications prescribed, surgeries, physical therapy, acupuncture, homeopathy, chiropractic care or other:

_____

_____

_____

_____

(I) ADDITIONAL INFORMATION

Please provide any other information you believe is relevant to the doctor's evaluation

_____

_____

_____

_____

_____

Patient Signature _____ Date ___/____/____

Physicians Signature_____ Date ____/___/____