

GreenGoddess Canna-Health/Marijuana Access Canada Patient Assessment Form

General Details

Name:

Date:

Health Card #

Gender

Male

Female

If female, are you pregnant or nursing?

Yes

No

Contact Information

Address

City

Postal Code

Province

Daytime Phone

Best Time to Contact

Email

Skype Username

General Practitioner Information (optional)

Name of Doctor

Doctor's Address

City:

Date:

Reason for last visit:

Are you seeing a specialist?

Yes

No

Specialist's Name:

Date of last visit:

Reason for last visit:

Medical Condition and Symptoms

Describe your primary condition for which you are seeking medical cannabis.

Primary Condition:

Symptoms:

For any symptoms associated with your primary condition select the level of symptom severity. Level 1 - Not Severe Level 5 - Very Severe

Pain

Muscle Spasms

Mobility

Headache

Seizures

Involuntary Movements

Anxiety

Depression

Concentration/Focus

Sleep Disturbance

Visual Disturbance

Weight Loss

Lack of Appetite

Nausea/Vomiting

Low Energy

Diarrhea

Constipation

Medication Side Effects

Other Symptoms

Mental Health

Over the last 2 weeks, how often have you been bothered by any of the following problems?
Select the most appropriate one for each.

Little interest or pleasure in doing things

Feeling down, depressed, or hopeless

Trouble falling or staying asleep, or sleeping too much

Feeling tired or having little energy

Poor appetite or overeating

Feeling bad about yourself - or that you are a failure or have let yourself or your family down

Trouble concentrating on things, such as reading the newspaper or watching television

Moving or speaking slowly that other people could have noticed ? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.

Thoughts that you would be better off dead or hurting yourself in some way

Feeling nervous, anxious, or on edge?

Not being able to stop or control worrying

Worrying too much about different things

Trouble relaxing

Being so restless that it's hard to sit still

Becoming easily annoyed or irritable

Feeling afraid

Medical History

If you currently are in possession of any of your medical records or any documentation from a health care professional describing your medical condition, please upload them on the Patient Assessment Form online or scan and email them to us. If you do not have documentation currently, For a consultation with our Physician, we ask that you gather and send the following information to our office. PLEASE NOTE the Physician cannot diagnose you at the appointment, so your medical condition must be evidenced prior to and for the consultation. Please provide one or more of the following that would pertain to the same condition for which you are seeking cannabis: - From any Physician, Psychiatrist or Psychologist whom you have seen: your chart / clinical notes or a relevant consultation note (i.e: for employment / unemployment purposes) - From any Hospital and / or Specialist visit(s): reports, letters or summaries - Chiropractic or Physiotherapy assessment or summary - Imaging reports if applicable to your medical condition. You can ask your physician, or go

directly where you had the tests/assessments done and ask for a copy. Please also provide from your physician list of prescriptions that you have taken for the condition you are seeking cannabis for. You can also retrieve a print-out called a Patient Profile from your pharmacy.

Medical Records Details

I have medical records and will scan and send to info@medicalaccesscanada.com

I have medical records and will fax them to 1-888-501-5582

I will fill out the online form and upload my documents:

<http://www.greengoddesscannahealth.com/green-goddess-connecting-patients.html>

My medical documents are with my doctor:

I have not seen a doctor about my condition:

Photo ID Details

I have emailed greengoddess@tutamail.com a scanned copy of my photo ID along with my medical records:

Photo ID submitted online

<http://www.greengoddesscannahealth.com/green-goddess-connecting-patients.html>

Health Card:

Driver's License:

Passport:

Other:

Answer the following based on a scale of 1 to 5 where 1=not affected, 5= very affected

How much does your condition affect your daily routine?

Additional Comments:

How much does your condition affect your ability to work?

Comments:

Current Medications

Include any and all medications used to treat the diagnosed medical condition or any other unrelated condition or symptoms. Please indicate the dosage of each.

Please list any Drug Allergies:

Therapies

If you have tried any of the following therapies select the level of effectiveness for each.
Level 1 - Not Effective, Level 5 - Very Effective

Physiotherapy

Chiropractic

Naturopathic/Homeopathic

Counselling/Pyschotherapy

Therapeutic Injections

Acupuncture

Prescription Medication

Have you been diagnosed with dependence on any drug, prescribed or otherwise?

Yes

No

Would you feel at risk using cannabis outside your current medical treatment?

Yes

No

Have you suffered from a Psychotic illness in the past or currently?

Yes

No

Have you previously used cannabis for symptom relief?

Yes

No

Have you ever been prescribed synthetic cannabis?

Yes

No

Do you suffer from heart disease?

Yes

No

Cannabis Use

Have you ever used cannabis before?

Yes, I had a MMAR or MMPR license:

Yes, for medical reasons but I was not licensed:

Yes, for non medical reasons:

No, I have never used cannabis before:

How much cannabis do you use per day?

How do you currently use your medical cannabis (optional)

Smoke

Vaporizer

Edible

Tincture

Oil

Extract

Other (fill in box below)

What are your treatment goals?

Reduce pain:

Improve daily function:

Improve appetite:

Improve mood:

Improve sleep:

Other:

Where did you hear about us?

A friend

A forum

Facebook Ad

Facebook Video

YouTube Video

Google Ad

Google Search

Reddit

Twitter

Leafly

Other

Why is cannabis appropriate as a medical treatment for you?

Would you like to receive our email newsletter?

Signature:

Date: