**Malibu Beach Physicians**

(To be Completed by the Patient)

**Patient Information**

Name:­­­­­­­­­­­­­­­ \_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date:­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_

Height: \_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History**

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies to Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Hospitalizations / Surgeries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Serious Illnesses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regular medical Doctor, Hospital or Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your MAJOR medical problem for which you are seeking Medical Marijuana? Please list any treatments you have had for your condition (including acupuncture, chiropractic care, homeopathy, physical therapy.):

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

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Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Problems (circle all that apply)**

* Appetite loss / Anorexia
* Anxiety / Depression
* Asthma
* Arthritis (Joint or Muscle Disease)
* Cancer
* Chronic pain disorder
* Colitis / Crohn’s Disease / IBS
* Diabetes
* Disc Disease
* Endometriosis / PMD
* Epilepsy
* Glaucoma
* Heart Disease
* Headache / Migraine / Tension
* Hepatitis A, B, or C
* High Blood Pressure
* HIV / AIDS
* Menopausal Syndrome
* Mental Illness
* Nausea / Vomiting
* Post-Surgical Pain
* Sleep Disorder
* Spinal Cord Injury / Scoliosis
* Substance Dependency (Alcohol, Opiate, etc.)
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle all that Apply**

* Tobacco
* Cannabis
* Alcohol
* Illicit drugs

Have you experienced any adverse effects from cannabis? Yes / No

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

Please explain how cannabis provides relief for your condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Treatment Plan: You have been given a recommendation for the use of medical marijuana. It is important that you use marijuana to only help your medical condition.
2. You must follow up with your private M.D. as scheduled. You may call our office if you have any questions before your return. Bring your medical records with you from your medical doctor.
3. If marijuana is helping to alleviate your condition, be sure you only use marijuana at the lowest dose to relieve your medical condition. If you find that you get no relief, then stop using marijuana and see your private medical doctor.
4. The following is a list of the types of marijuana and their effects:

Sativa Indica CBD-only

1. Energize 1. Sedation CBD has no pyschoacative properties.

2. Uplifting 2. Relaxing THC has pyschoactive ingredients-

3. Sense of well-being 3. Increase of Appetitie get “high” (stoned).

4. Alertness 4. Aids sleep

5. Stimulates 5. Relaxing muscle spasms (seizures)

6. Reduces depression 6. Reduces

7. Stimulates appetite 7. Relives headaches (migraines)

And reduces nausea

Hybrids may have a mixture of these effects.

Marijuana may be found as oil, wax, edibles, and as dried flower of the female plant. Marijuana may contain pesticides and microbes. However, marijuana is naturally pesticide-resistant and may be grown organically.

1. Side Effects and Warnings:

1. Anxiety 6. Dry mouth

2. Drowsiness 7. Redness of eyes

3. Hyperactive 8. Dizziness

4. Sedation 9. Depression

5. Increase in heart rate

If you have any of above effects, you may look into using a different type of strain of marijuana or changing your form of consumption (edibles, vaporizers, topicals, etc). You may consult your local dispensary for more information. Otherwise, if these problems or effects persist, then stop the use of marijuana. Be advised, your private medical doctor may not be familiar with the effects, so you can call our office or visit our office for more information about side effects. Also, be aware, mixing alcohol and marijuana can increase drowsiness.

1. Do not use marijuana if you:

1. Are pregnant

2. Breast-feeding

3. Have a mental illness. Consult your psychiatrist.

Marijuana intoxication: Ingesting or inhailing large amounts of marijuana may causes changes in mood, anxiety, paranoia, panic, and psychotic symptoms. Impairment of: memory, sense of times, sensory perception, attention span, problem solving, verbal fluency, and reaction time may also occur. Marijuana contains many cannabinoids. The best known of these is THC.

1. General information:

1. Inhaling medical marijuana takes effect in 1-2 minutes.

2. Ingesting medical marijuana takes 1-2 hours for onset and may last 4-5 hours or longer.  
 3. Marijuana can be detected in the blood and urine for as long as 30 days.

4. Keep your medicine is a safe place, out of the reach of minors (children).

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical marijuana is a medicine used in treating the suffering caused by serious and debilitating medical conditions, which include:

* Arthritis
* Severe or chronic pain
* General debility that can occur during a chronic disease
* Cachexia (weight loss, wasting of muscle, loss of appetite
* HIV / AIDs
* Anorexia
* Multiple sclerosis
* Persistent muscle spasms
* Cancer
* Migraine
* Severe nausea
* Glaucoma

Additionally, medical marijuana is used in the treatment of other chronic or persitent medical symptoms that:

*“Substantially, limit the ability of person to conduct one or more major life activities, as defined in the Americans with Disabilities Act of 1990 (Public Law 101 ñ 336). If not alleviated, may cause serious harm to the patient’s safety or physical mental health.”*

The use of cannabis (medical marijuana) may affect coordination and cognition in ways that could impair your ability to drive, operate heavy machinery, or engage in potentially hazardous activities. Smoking marijuana can cause respiratory harm. 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 (medical marijuana) smoke contains chemicals known as tars that may be harmful to your health. Vaporizers may substantially reduce many of the potentially harmful smoke toxins that are normally present in marijuana smoke.

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

* Unpleasant change in mood/sensation
* Mental slowness
* Nervousness
* Cough
* Increased talkativeness
* Dry mouth
* Difficulty in completing complex tasks
* Pleasant change in mood/sensation
* Fatigue
* Confusion
* Dizziness
* Problem with memory
* Palpitations/fast heart beat
* Hunger
* Impairment of motor skills, reaction time, and physcial cordination

Marijuana varies in potency. The effects of marijuana can also vary with the delivery system. Estimating the proper marijuana dosage is very important. Symptoms of marijuana overdose include but are not limited to nausea, vomiting, disturbances of heart rhythm and numbness to the limbs, and hacking cough. For some patients, chronic marijuana can lead to laryngitis, bronchitis, and general apathy.

Some patients can become dependent on marijuana. This means they experience withdrawel symptoms when they stop using marijuana. Signs of marijuana withdrawel, while generally mild, can include feelings of depression, sadness or irritability, restlessness or mild agitation, insomnia, sleep disturbance, unusual tiredness, trouble concentrating, and loss of appetitie. Although marijuana does not produce a specific psychosis, the possibility exists that it may exacerbate schizophrenia in persons predisposed to that disorder. I understand that using marijuana while under the influence of alcohol in not recommended. Always consult your private medical doctor.

The cannabis plant is not regulated by the United States Food and Drug Administration and therefore may contain unknown quantities of active ingredients, impurities, or contaminants.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release Of Liabilty

I attest that the information on this form is correct and any medical history presented or discussed with the doctor is also factualy and complete to the best of my knowledge. I will not use my physician’s recommendation for the purpose of illegally obtaining medical marijuana. Solely for verification purposes, I authorize the physician and staff to converse about my medical condition with physicians that I have previously been treated by.

I affirm that I have a medical condition that adversely affects my quality of life. I have found or am interested in finding whether cannabis (medical marijuana) provides substantial relief and improvement in my condition.

I understand that the marijuana plant is not regulated by the United States Food and Drug Administration and therefore may contain unknown quantities of active ingredients, impurities and/or contaminants. I understand the potential risks associated with an elevated daily consumption of marijuana including risks with respect to the effect on my cardiovascualar and pulmonary systems and psychomotor performance, risks associated with the long-term use of marijuana, as well as potential drug dependency. I am aware that the benefits and risks associated with the use of marijuana are not fully understood and that the use of marijuana may involve risks that have not been identified. In requesting a recommendation for the use of this plant as medication, I assume full responsibility for any and all risks of this action.

I am advised that the cannabis (medical marijuana) smoke contains chemicals known as tars that may be harmful to my health. Recent research indicated that vaporizing cannabis may eliminate exposure to tar. Should respiratory problems or other ill effects be experiences in association with its use, it should be discontinued and reported to the physician.

I was further advised that the use of cannabis (medical marijuana) may affect my coordination and cognition in ways that could impair my ability to drive, operate machinery, or engage in potentially hazardous activities. Note: Overdose may cause nausea, vomiting and disturbances to heart rhythms. I assume full responsibility for any harm resulting to me and/or other individuals as a result of my use of cannabis (medical marijuana).

California’s Compassionate Use Act of 1996, (Health & Safety Code #11362.5), provides for the possession and cultivation of cannabis (medical marijuana) for the personal medical purposes of the patient with a California licensed physician approval or recommendation. The physician, staff and represenatives of this practice are neither providing cannabis, nor are they encouraging any illegal activity in obtaining cannabis (medical marijuana).

I agree to tell the attending physician if I have ever had symptoms of depression, been psychotic, attempted suicide or had any other mental problems. I also agree to tell the physician if I have ever been prescribed or taken medicine for any of those problems. I understand that the attending physician does not suggest nor condone that I cease treatment of medications that stabilize my mental or physical condition.

If I start taking cannabis (medical marijuana), I agree to tell my attending physician if I start to feel sad or crying spells, lose my appetitie, become unusually tired, lose interest in my usual activities, have changes in my normal sleep patterns, become more irritable than usual, withdraw from family and friends.

Interactions between marijuana and medications or other herbs are not well understood. However, very few interactions between herbs and medications have been studied. I agree to tell my attending physician if I am using herbs, supplements or other medications. Some users develop a tolerance to marijuana. This means higher and higher doses are required to achieve that same relief. If I think I may be developing a tolerance to marijuana, I will notify my attending physician.

Should respiratory problems or other ill effects be experienced in association with the use of cannabis (medical marijuana), I agree to discontinue its use. I undersatand that the attending physician, staff, and represenatives are not providing, dispensing, or encouraging me to obtain cannabis (medical marijuana). I have attempted to obtain medical records pertaining to my condition and currently have no medical record pertaining to my condition.

I, the undersigned, herby request a consultation by the physician for purposes of determining the appropriateness of medical cannabis treatment. There are no claims about the medical efficacy of cannabis. The physcian, staff, and represenatives are addressing specific aspects of my medical care, and unless otherwise stated, are in no way establishing themselves as primary care provider. Yes, furthermore, the undersigned, my heirs, assigns, or anyone acting on my behalf, hold the physician and his/her principals, agents, and employees, free of and harmless from any liability resulting from the use of cannabis.

I certify that I have read this document and declare under penalty of perjury that the information contained herein is true, correct, and complete.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent And Physician / Patient Arbitration Agreement**

Initial below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand that medicinal marijuana is considered a medicine and

may be used in treating the suffering caused by certain serious and

debilitating medical conditions pursuant to California Law.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand that it is not recommended that treatment or medication

you are currently taking be discontinued.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I am aware of the Privacy Practices Notice which presents the

information that federal law requires us to inform our patients

regarding their privacy rights and our privacy practices.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I give my consent that this medical record may be verified with: The

local Department of Health Services, law enforcement and/or

dispensaries upon their request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand that once I have been examined by the physician and

issued a Letter of Recommendation, there are no refunds.

**Agreement to Arbitrate:** It is understood that any claim of malpractice, including any claim that health care services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered or omitted, will be determined by submission to binding arbitration, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this agreement, by entering into it, have agreed to the use of binding arbitration in lieu of having any such dispute decided in a court of law before a jury.

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Patient Signature Today’s Date

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Print Patient Name

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Physician Signature Today’s Date