

# Lemon Bay Cannabis

Intake Forms

for

New Patients

**IMPORTANT:** All pages must be completed and returned to our office prior to your scheduled appointment. If you have any questions regarding these forms, please contact us prior to your appointment so we may assist you. Incomplete forms may delay medical cannabis treatments.

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

# Lemon Bay Cannabis

This is the Medical Cannabis Physicians Patient Intake questionnaire. To be considered for medical marijuana, all information must be provided.

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ Drivers License # \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ SSN \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Primary Care Physician and Phone Number \_\_\_\_\_

## Cancellation Policy

We at Lemon Bay Cannabis physicians/ Dr. Avelino Millares value your business and care greatly about your health. One of our primary concerns is maintaining our appointment schedule so that we may be available to our patients. In order for us to do so, it is crucial that once scheduled, you promptly notify our office of any change in your appointment needs.

For these reasons, we have established a policy to assess a \$75.00 fee to reserve your cannabis appointment which will be applied to your first visit. However, if you miss your appointment or cancel less than 48 hours prior this fee is non-refundable.

We appreciate your cooperation in this matter so that we may provide you with the best possible care.

I understand the above fee \$75.00 for the cannabis appointment and that it is non-refundable if I should miss my appointment.

Patient signature: \_\_\_\_\_

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

Signature of Witness: \_\_\_\_\_

# Patient Information

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL MEDICAL HISTORY:** (Please circle all that apply)

- |                     |                         |                                |                             |
|---------------------|-------------------------|--------------------------------|-----------------------------|
| ADHD                | COPD/Emphysema          | High Cholesterol               | Rheumatoid Arthritis        |
| Alcoholism          | Dementia                | HIV                            | Seizure Disorder            |
| Allergies, Seasonal | Depression              | Hepatitis                      | Sleep apnea                 |
| Anemia              | Diabetes: Type 1 or 2   | Irritable Bowel Syndrome       | Stroke                      |
| Anxiety             | Diverticulitis          | Lupus                          | Hypo or Hyper Thyroid       |
| Arrhythmia          | Blood Clots             | Liver Disease                  | Ulcerative Colitis          |
| Arthritis           | GERD                    | Macular Degeneration           | Asthma                      |
| Glaucoma            | Neuropathy              | Bipolar Disorder               | Heart Disease               |
| Depression          | Osteopenia/Osteoporosis | Bladder problems/ Incontinence | Heart Attack                |
| Parkinson's Disease | Bleeding Problems       | Hiatal Hernia                  | Peripheral Vascular Disease |
| Cancer: _____       | High Blood Pressure     | Peptic Ulcer                   | Headaches                   |
| Kidney Stones       | Psoriasis               | Crohn's Disease                | Kidney Disease              |
| Pulmonary Embolism  | PTSD                    | Multiple Sclerosis             |                             |

Other medical problems not listed above:

Surgical History: Please list all prior surgeries and approximate dates performed

Social/ Cultural History:

Education Level: (circle one) Elementary High School Vocational College Graduate/ Professional

Are there any vision problems that affect your communication? Yes/ No

Are there any hearing problems that affect your communication? Yes/ No

Are there any limitations to understanding or following instructions (either written or verbal)? Yes/No

Current living situation (circle all that apply): Single family household Multi-generational household Homeless

Shelter Skilled Nursing Facility Other:

Smoking/Tobacco use: Current Past Never Type: \_\_\_\_\_ Amount/day: \_\_\_\_\_ # of years:

Alcohol: Current Past Never Drinks/week:

Recreational Drug use: Current Past Never Type:

Are you sexually active? YES/NO

Are you currently pregnant? YES/NO

Are there any problems or concerns at home, work, or school you would like to discuss? YES/NO

# Patient Information

Please list all treatments you've tried, how long was each treatment attempted, and outcomes of each treatment

Treatment	Reason	Current medications you take
1. _____		1.
2. _____		2.
3. _____		3.
4. _____		4.
5. _____		5.
6. _____		6.
7. _____		7.
8. _____		8.
9. _____		9.
10. _____		10.

**Allergies (medications, products/food)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Family History:**

**Father:** Living age \_\_\_\_\_ Deceased age \_\_\_\_\_

(Circle any that apply)

- Alcoholism    Bipolar Disorder    Depression    High Cholesterol    Osteoporosis
- Anemia        Cancer: \_\_\_\_\_    Diabetes Type 1 or 2    High Blood Pressure    Stroke
- Asthma        COPD/Emphysema    DVT(blood clot)    Kidney Disease    Thyroid Disorder

Arthritis    Dementia    Heart Disease    Migraines Other:

**Mother:** Living Age \_\_\_\_\_ Deceased Age \_\_\_\_\_

(Circle any that apply)

- Alcoholism    Bipolar Disorder    Depression    High Cholesterol    Osteoporosis
- Anemia        Cancer: \_\_\_\_\_    Diabetes Type 1 or 2    High Blood Pressure    Stroke
- Asthma        COPD/Emphysema    DVT(blood clot)    Kidney Disease    Thyroid Disorder

Arthritis    Dementia    Heart Disease    Migraines Other:

List other medical providers you see on a regular basis(i.e. Cardiologist, Mental Health Provider, etc.)

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

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

# Notice of Privacy Practices

This notice describes how medical information about you may be used and/or disclosed, and how you can access your healthcare information

## PLEASE REVIEW THIS NOTICE CAREFULLY

Lemon Bay Cannabis is committed to maintaining the privacy of your protected health information (PHI), which includes information about your health condition and the care treatment you receive from this office. The creation of a record detailing the care and services you receive helps this office to provide you with high quality care. This notice also details your rights regarding your PHI.

Without consent required, Lemon Bay Cannabis may use/or disclose your PHI for the purpose of:

- **TREATMENT:** In order to provide you with the health care you require this office will provide your PHI to those health care professionals, whether with Lemon Bay Cannabis or not, directly involved in your care so that they may understand your health conditions and needs. For example, a physician treating you for a condition or disease may need to know the results of your latest physician examination by this office. Also, your Lemon Bay Cannabis health care provider may register as your ordering physician with the State of Florida Compassionate Use Registry.
- **PAYMENT:** In order to receive payment for services provided to you, this office may provide your PHI, directly or through billing service, to appropriate third-party payors, pursuant to their billing and payment requirements.
- **HEALTHCARE OPERATIONS:** Lemon Bay Cannabis may use or disclose PHI for health care operations. These uses and disclosures are necessary to operate Lemon Bay Cannabis to make sure that office patients receive appropriate care. For example, this office may use medical information to review treatments and services and to evaluate the performance of providers and the care provided patients.
- **AS REQUIRED BY LAW:** Lemon Bay Cannabis will disclose PHI when required to do so by Federal, State, or Local Law.

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law. Without your authorization, this office is expressly prohibited to use or disclose your PHI for marketing purposes. Lemon Bay Cannabis may not sell your PHI without your authorization. You may revoke this authorization, at any time, in writing except to the extent that this office has taken an action in reliance on the authorization.

Your rights with respect to your PHI:

- You have the right to inspect and copy your PHI. Under Federal Law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to ;aw that prohibits access to protected health information.
- You have the right to request a restriction of your PHI. This means that you may ask Lemon Bay Cannabis not to use or disclose any part of your PHI for the purposes of treatment or healthcare operations. You may also request that any part of your PHI not to be disclosed to family members or friends who may be involved in your care or for that notification purposes as described in this Notice Of Privacy Practices. Your request must be in writing and state the specific restriction requested and to who, you want the restriction to apply.

# Notice of Privacy Practices (continued)

- Lemon Bay Cannabis is not required to agree to a restriction that you may request. If your Lemon Bay Cannabis physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another service provider.
- You have the right to request to receive confidential communications from this office by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from Lemon Bay Cannabis health care, upon request, even if you agreed to accept this notice alternatively, e.g., electronically.
- You have the right to request an amendment to your PHI. If Lemon Bay Cannabis denies your request for amendment, you have the right to file a statement of disagreement and Lemon Bay Cannabis may prepare a rebuttal.
- You have the right to receive an accounting of certain disclosures this office has made, if any, of your PHI.

Lemon Bay Cannabis reserves the right to change this notice and to make the changed notice effective for medical information we already have about you as well as any information we receive in the future. You are entitled to a copy of the notice currently in effect. Lemon Bay Cannabis will inform you of any significant changes to this notice. You then have the right to object or withdraw as provided in this notice.

### Breach of PHI:

- Lemon Bay Cannabis will notify you if a reportable breach is discovered. Notification will be made to you no later than 60 days from the breach discovery and will include a brief description of how the breach occurred, the PHI involved and contact information for you to ask questions.

### Complaints:

- Complaints about this Notice or how Lemon Bay Cannabis handles your PHI should be directed to the Lemon Bay Cannabis HIPAA Compliance Officer.
- This notice was originally published and effective on July 29, 2019. You may submit a formal complaint to the Department of Health and Human Service Office, for Civil Rights. Lemon Bay Cannabis will not retaliate against you for filing a complaint.
- Lemon Bay Cannabis is required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to PHI and to notify affected individuals following a breach of unsecured protected health information. If you have any questions about this Notice, please ask to speak with a HIPAA Compliance Officer.
- LEMON BAY CANNABIS WILL BE YOUR CERTIFIED PROVIDER FOR COMPASSIONATE USE LOW-THC/MEDICAL CANNABIS BUT WILL NOT ASSUME RESPONSIBILITY FOR ANY OTHER MEDICAL NEEDS.
- LEMON BAY CANNABIS DOES NOT ACCEPT INSURANCE AND WILL NOT BILL FOR SERVICES. PAYMENT IS DUE WHEN SERVICES ARE RENDERED.

Signature below is acknowledgement that you have received or been given opportunity to receive this Notice of Privacy Practices:

Printed Name:

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

# Medical Marijuana Consent Form

**A Qualified physician may not delegate the responsibility of obtaining written informed consent to another person. The qualified patient or the patient's parent or legal guardian if the patient is a minor, must initial each section of this consent form to indicate that the physician explained the information and, along with the qualified physician, must sign and date the informed consent form.**

**a. The Federal Government's classification of marijuana as a Schedule 1 controlled substance.**

\_\_\_\_\_ The federal government has classified marijuana as a Schedule 1 controlled substance. Schedule 1 substances are defined, in part, as having (1) a high potential for abuse; (2) no currently accepted medical use in treatment in the United States; and (3) a lack of accepted safety for use under medical supervision. Federal Law prohibits the manufacture, distribution and possession of marijuana even in states, such as Florida, which have modified their state laws to treat marijuana as a medicine.

\_\_\_\_\_ When in the possession or under the influence of medical marijuana, the patient or the patient's caregiver must have his or her medical marijuana use registry identification card in his or her possession at all times.

**b. The approval and oversight status of marijuana by the Food and Drug Administration.**

\_\_\_\_\_ Marijuana has not been approved by the Food and Drug Administration for marketing as a drug. Therefore, the “manufacture” of marijuana for medical use is not subject to any federal standards, quality control, or other oversight. Marijuana may contain unknown quantities of active ingredients, which may vary in potency, impurities, contaminants, and substances in addition to THC, which is the primary psychoactive chemical component of marijuana.

**c. The potential for addiction.**

\_\_\_\_\_ Some studies suggest that the use of marijuana by individuals may lead to a tolerance to, dependence on, or addiction to marijuana. I understand that if I require increasingly higher doses to achieve the same benefit or if I think that I may be developing a dependency on marijuana, I should contact Dr. \_\_\_\_\_

**d. The potential effect that marijuana may have on a patient's coordination, motor skills, and cognition, including a warning against operating heavy machinery, operating a motor vehicle, or engaging in activities that require a person to be alert or respond quickly.**

\_\_\_\_\_ The use of marijuana can affect coordination, motor skills and cognition, i.e., the ability to think, judge and reason. Driving under the influence of cannabis can double the risk of crashing, which escalates if alcohol is also influencing the driver. While using medical marijuana, I should not drive, operate heavy machinery or engage I any activities that require me to be alert and/or respond quickly and I should not participate in activities that may be dangerous to myself or others. I understand that if I drive while under the influence of marijuana, I can be arrested for “driving under the influence”.

## Consent Forms<sup>(continued)</sup>

### **e. The potential side effects of medical marijuana use.**

\_\_\_\_\_ Potential side effects from the use of medical marijuana include, but are not limited to, the following: dizziness, anxiety, confusion, sedation, low blood pressure, impairment of short term memory, euphoria, difficulty in completing complex tasks, suppression of the body's immune system, may affect the production of sex hormones that lead to adverse effects, inability to concentrate, impaired motor skills, paranoia, psychotic symptoms, general apathy, depression and/or restlessness. Marijuana may exacerbate schizophrenia in persons predisposed to that order. In addition, the use of medical marijuana may cause me to talk or eat in excess, alter my perception of time and space and impair my judgement. Many medical authorities claim that use of medical marijuana, especially by persons younger than 25, can result in long-term problems with attention, memory, learning, drug abuse, and schizophrenia.

\_\_\_\_\_ I understand that using marijuana while consuming alcohol is not recommended. Additional side effects may become present when using both alcohol and marijuana.

\_\_\_\_\_ I agree to contact Dr. \_\_\_\_\_ if I experience any of the side effects listed above, or if I become depressed or psychotic, have suicidal thoughts, or experience crying spells. I will also contact Dr. \_\_\_\_\_ if I experience respiratory problems, changes in my normal sleeping patterns, extreme fatigue, increased irritability, or begin to withdraw from my family and/or friends.

### **g. The risks, benefits, and drug interactions of marijuana.**

\_\_\_\_\_ Signs of withdrawal can include: feelings of depression, sadness, irritability, insomnia, restlessness, agitation, loss of appetite, trouble concentrating, sleep disturbances and unusual tiredness.

\_\_\_\_\_ Symptoms of marijuana overdose include, but are not limited to, nausea, vomiting, hacking cough, disturbances in heart rhythms, numbness in the hands, feet, arms or legs, anxiety attacks and incapacitation. If I experience these symptoms, I agree to contact Dr. \_\_\_\_\_ immediately or go to the nearest emergency room.

\_\_\_\_\_ Numerous drugs are known to interact with marijuana and not all drug interactions are known. Some mixtures of medications can lead to serious and even fatal consequences. I agree to follow the directions of Dr. \_\_\_\_\_ regarding the use of prescription and non-prescription medication. I will advise any other of my treating physician(s) of my use of medical marijuana.

\_\_\_\_\_ Marijuana may increase the risk of bleeding, low blood pressure, elevated blood sugar, liver enzymes, and other bodily systems when taken with herbs and supplements. I agree to contact Dr. \_\_\_\_\_ immediately or go to the nearest emergency room if these symptoms occur.

\_\_\_\_\_ I understand that medical marijuana may have serious risks and may cause low birthweight or other abnormalities in babies. I will advise Dr. \_\_\_\_\_ if I become pregnant, try to get pregnant, or will be breastfeeding.

### **h. The current state of research on the efficacy of marijuana to treat the qualifying conditions set forth in this section.**



## **Cancer**

- There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancers, including glioma.

There is evidence to suggest that cannabinoids (and the endocannabinoid system more generally) may play a role in the cancer regulation processes. Due to a lack of recent, high quality reviews, a research gap exists concerning the effectiveness of cannabis or cannabinoids in treating cancer in general.

- There is conclusive evidence that oral cannabinoids are effective antiemetics in the treatment of chemotherapy-induced nausea and vomiting.

There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancer-associated anorexia-cachexia syndrome and anorexia nervosa.

## **Epilepsy**

- There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for epilepsy.

Recent systematic reviews were unable to identify any randomized controlled trials evaluating the efficacy of cannabinoids for the treatment of epilepsy. Currently available clinical data therefore consist solely of uncontrolled case series, which do not provide high-quality evidence of efficacy. Randomized trials of the efficacy of cannabidiol for different forms of epilepsy have been completed and await publication.

## **Glaucoma**

- There is limited evidence that cannabinoids are an ineffective treatment for improving intraocular pressure associated with glaucoma. Lower intraocular pressure is a key target for glaucoma treatments. Non-randomized studies in healthy volunteers and glaucoma patients have shown short-term reductions in intraocular pressure with oral, topical eye drops, and intravenous cannabinoids, suggesting the potential for therapeutic benefit. A good-quality systemic review identified a single small trial that found no effect of two cannabinoids, given as an oromucosal spray, on intraocular pressure. The quality of evidence for the finding of no effect is limited. However, to be effective, treatments targeting lower intraocular pressure must provide continual rather than transient reductions in intraocular pressure. To date, those studies showing positive effects have shown only short-term benefit on intraocular pressure (hours), suggesting a limited potential for cannabinoids in the treatment of glaucoma.

## **Positive status for human immunodeficiency virus**

- There is limited evidence that cannabis and oral cannabinoids are effective in increasing appetite and decreasing weight loss associated with HIV/AIDS.

There does not appear to be good-quality primary literature that reported on cannabis or cannabinoids as effective treatments for AIDS wasting syndrome.

## **Acquired immune deficiency syndrome**

- There is limited evidence that cannabis and oral cannabinoids are effective in increasing appetite and decreasing weight loss associated with HIV/AIDS.

There does not appear to be good-quality primary literature that reported on cannabis or cannabinoids as effective treatments for AIDS wasting syndrome.

## **Post-traumatic stress disorder**

- There is limited evidence ( a single, fair-quality trial) that nabilone is effective for improving symptoms of post-traumatic stress disorder.

A single, small crossover trial suggests potential benefit from the pharmaceutical cannabinoid nabilone. This limited evidence is most applicable to male veterans and contrasts with non-randomized studies showing limited evidence of statistical association between cannabis use (plant derived forms) and increased severity of post-traumatic stress disorder symptoms among individuals with post-traumatic stress disorder. There are other trials that are in the process of being conducted and if successfully completed, they will add substantially to the knowledge base.

### **\_\_\_\_\_Amyotrophic Lateral Sclerosis**

- There is insufficient evidence that cannabinoids are an effective treatment for symptoms associated with amyotrophic lateral sclerosis.

Two small studies investigated the effect of dronabinol on symptoms associated with ALS. Although there were no differences from placebo in either trial, the sample sizes were small, the duration of the studies was short, and the dose of dronabinol may have been too small to ascertain any activity. The effect of cannabis was not investigated.

### **\_\_\_\_\_Crohn's disease**

- There is insufficient evidence to support or refute the conclusion that dronabinol is an effective treatment of inflammatory bowel diseases, including Crohn's disease.

### **\_\_\_\_\_Parkinson's disease**

- There is insufficient evidence that cannabinoids are an effective treatment for the motor system symptoms associated with Parkinson's disease or the levodopa-induced dyskinesia.

Evidence suggest that the endocannabinoid system plays a meaningful role in certain neurodegenerative processes; thus, it may be useful to determine the efficacy of cannabinoids in treating the symptoms of neurodegenerative diseases. Small trials of oral cannabinoid preparations have demonstrated no benefit compared to a placebo in ameliorating the side effects of Parkinson's disease. A seven-patient trial of nabilone suggested that it improved the dyskinesia associated with Levodopa therapy, but the sample size limits the interpretation of the data. An observational study demonstrated improved outcomes, but the lack of a control group and the small sample size are limitations.

### **\_\_\_\_\_Multiple Sclerosis**

- There is substantial evidence that oral cannabinoids are an effective treatment for improving patient-reported multiple sclerosis spasticity symptoms, but limited evidence for an effect on clinician-measured spasticity.

Based on evidence from randomized controlled trials included in systematic reviews, an oral cannabis extract, nabiximols, and orally administrated THC are probably effective for reducing patient-reported spasticity scores in patients with MS. The effect appears to be modest. These agents have not consistently demonstrated a benefit on clinician-measured spasticity indices.

### **\_\_\_\_\_Medical conditions of same kind or class as or comparable to the above qualifying medical conditions**

- The qualifying physician has provided the patient or the patient's caregiver a summary of the current research on the efficacy of marijuana to treat the patient's medical condition.
- The summary is attached to this informed consent as Addendum\_\_\_\_\_

**\_\_\_\_\_ Terminal conditions diagnosed by a physician other than the qualified physician issuing the physician certification**

- The qualifying physician has provided the patient or the patient's caregiver a summary of the current research on the efficacy of marijuana to treat the patient's terminal condition.
- The summary is attached to this informed consent as Addendum\_\_\_\_\_

**\_\_\_\_\_ Chronic nonmalignant pain**

• There is substantial evidence that cannabis is an effective treatment for chronic pain in adults. The majority of studies on pain evaluated nabiximols outside the United States. Only a handful of studies have evaluated the use of cannabis in the United States, and all of them evaluated cannabis in flower form provided by the National Institute on Drug Abuse. In contrast, many of the cannabis products that are sold in state-regulated markets bear little resemblance to the products that are available for research at the federal level in the United States. Pain patients also use topical forms.

While the use of cannabis for the treatment of pain is supported by well-controlled clinical trials, very little is known about the efficacy, dose, routes of administration, or side effects of commonly used and commercially available cannabis products in the United States.

**I. That the patient's de-identified health information contained in the physician certification and medical marijuana use registry may be used for research purposes.**

\_\_\_\_\_The Department of Health submits a data set to The Medical Marijuana Research and Education Coalition for each patient registered in the medical marijuana use registry that includes the patient's qualifying medical condition and the daily dose amount and forms of marijuana certified for the patient.

\_\_\_\_\_I have had the opportunity to discuss these matters with the physician and to ask questions regarding anything I may not understand or that I believe needed to be clarified. I acknowledge that Dr. \_\_\_\_\_ has informed me of the nature of a recommended treatment, including but not limited to, any recommendation regarding medical marijuana.

\_\_\_\_\_Dr. \_\_\_\_\_ also informed me of the risks, complications, and expected benefits of any recommended treatment, including its likelihood of success and failure. I acknowledge that Dr. Millares informed me of any alternatives of the recommended treatment, including the alternative of no treatment, and the risks and benefits.

Dr. \_\_\_\_\_ has explained the information in this consent form about the medical use of marijuana.

Patient (print name) \_\_\_\_\_

Patient signature or signature of parent or legal guardian if the patient is a minor:

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

I have explained the information in this consent form about the medical use of marijuana to  
(print patient name) \_\_\_\_\_

Qualified physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_