

Maine Medical Marijuana Consultants LLC

146 Greely Road Cumberland, Maine 04021

P (207)807-1401

F (207)358-2325

josephsorbellopac@gmail.com

Private Patient Information

Patient Name:

DOB: _____

Sex: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone: _____

Email Address: _____

Occupation: _____

Primary Health Care Provider:

Provider Name:

Address:

Phone:

Will you need a copy of your consultation sent to your physician or primary health care provider? (\$10 fee)

Yes

No

Present Medical History

Current Medical Complaints:

Recent Surgical History:

Medications

Prescription medications:

Drug allergies:

List any self-prescribed medications, dietary supplements, or vitamins:

Are you on any type of hormone replacement therapy?

Yes

No

List any other medical or diagnostic test you have had in the past two years:

List recent hospitalizations, including dates of and reasons for hospitalization:

Family Medical History

List significant hereditary diseases:

Social History

Do you currently use tobacco?

Yes No

If yes what form and how much?

Current Alcohol use?

Yes No

If yes what form and how much?

Do you exercise?

Yes No

If yes what form and how much?

Cannabis History:

How has Marijuana helped you in the past?

Have you ever had an adverse reaction to Marijuana?

Yes No

If yes please describe:

What are your goals for using Medical Marijuana?

Do you feel you will need further consultation with regards to Medical Marijuana?

Yes No

If yes may we contact you in the future for possible follow up?

Yes No

What is your medical diagnosis pertinent to Medical Marijuana?

- Alzheimer's disease
- Amyotrophic Lateral Sclerosis
- Cachexia or wasting syndrome
- Cancer
- Chronic pain
- Crohn's disease
- Epilepsy
- Glaucoma
- Hepatitis C
- HIV or AIDS
- Inflammatory bowel disease
- Multiple Sclerosis
- Nausea
- Nail-patella syndrome
- Parkinson's disease
- Post-traumatic stress disorder (PTSD)

*Legislation (LD 1539) approved on July 9, 2018 amends the state law so that a physician at his or her sole discretion may recommend cannabis to any patient for which he/she believes it will benefit.

INSURANCE REFERRAL WAIVER

We do not bill insurance for this service. If you attempt to receive reimbursement from your insurance we will provide a copy of your visit for a \$10.00 fee. If a referral is needed, you are required to call your primary care physician with the date of your appointment so that that they may call your insurance company to get a referral for you. We do not provide Marijuana products as sales,samples,or gifts.

Patient Consent to Treat Practice Privacy Policy

We are required by law to maintain the privacy of protected health information and your privacy is one of our top priorities. Our staff are bound to honor and respect the patient information entrusted to us. We must commit to protecting your privacy by abiding by the policies we have established.

Patient Health Care Information Use and Disclosure

Your protected health information will be used to treat you and to carry out healthcare operations. Healthcare operations may include uses and disclosures necessary to manage our practice and assure quality health care. I _____, authorize Maine Medical Marijuana Consultants, LLC to call my home or other designated location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out treatment, payment, and healthcare operations. Such items may also be mailed to my home or other designated location. I also consent to allowing Maine Medical Marijuana Consultants LLC to use and disclose protected health information about me to carry out treatment, payment and healthcare operations as noted.

___ I understand that I am responsible for payment of all fees and services rendered, irrespective of insurance coverage or other responsibilities

___ At no time during this process did I receive Marijuana products as gifts, samples, or sales from the representatives of Maine Medical Marijuana Consultants LLC.

___At no time did I receive prescriptions from Maine Medical Marijuana Consultants LLC other than Medical Marijuana Certification.

___ Payment is required at the time of service. A \$30.00 fee will be applied for returned checks. For your convenience we accept ALL credit cards.

I have read and understand my financial responsibilities as outline above.

Patient Signature: _____ **Date:** _____

Printed Name: _____ **Date:** _____