

Southern Oregon Alternative Medicine

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ELIGIBILITY QUESTIONNAIRE

For compliance with the Oregon Medical Marijuana Act

Unauthorized release of information contained in this document is in violation of doctor patient confidentiality.

Appointment Date: ___/___/___ Visit Site: _____

Referred By: _____

Identifying Data

Patient Name: _____

(First)

(Middle)

(Last)

Street Address: _____ Apt. Number: _____

City: _____ Zip Code: _____ State: _____

Mailing Address: _____

City: _____ Zip Code: _____ State: _____

Date of Birth: _____ Oregon Drivers License/Identification #: _____

Home Phone: _ (_____) _____ Work Phone: _ (_____) _____

Fax: _ (_____) _____ Cell Phone :_(_____) _____

Best time to contact: Morning Afternoon Evening any

Have you been seen here before? : _____ Yes _____ No

Have you ever had an Oregon Medical Marijuana Card? : _____ Yes _____ No

If yes, when did/do you expire? _____

I the undersigned, hereby state that the above information contained in this questionnaire is true to the best of my knowledge.

Patient Signature: _____ Date: _____

Family Medical History:

Mother: Alive Deceased Age: _____

Father: Alive Deceased Age: _____

Medical history includes:

		Mother	Father
Cancer-type if known	<input type="checkbox"/>		<input type="checkbox"/>
Hypertension		<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>		<input type="checkbox"/>
Diabetes		<input type="checkbox"/>	<input type="checkbox"/>
Mental Disorders		<input type="checkbox"/>	<input type="checkbox"/>
Drug/Alcohol Abuse		<input type="checkbox"/>	<input type="checkbox"/>
Other Problem	<input type="checkbox"/>		<input type="checkbox"/>

Please describe significant medical conditions in any siblings and you children if any :

Do you have allergies to any of the following? :

Medications: _____

Foods: _____

Other: _____

Trauma or Injuries:

Have you ever been injured in a traffic accident? Yes No Date: __/__/__

Explain: _____

Have you had any fractures, dislocations, breaks, or head injuries? Yes No

Explain: _____

List any past illnesses, injuries, and/or surgeries and the year of occurrence:

Present Illness:

List in order of seriousness, the disease, conditions, or symptoms that you use Medical Marijuana for:

Primary Illness: _____ Date of injury/onset: _____

Describe treatment (include surgeries, medications, prescribed treatments, alternative care, and results, etc.) Be as complete as possible.

Secondary Illness: _____ Date of injury/onset: _____

Describe treatment (include surgeries, medications, prescribed treatments, alternative care, and results, etc.) Be as complete as possible.

List any other reason for which you use cannabis:

Legality:

Are you on probation, parole, or attending any court ordered programs? Yes No

If yes, please explain: _____

Do you have any pending court case or recent citations? Yes No

If yes, please explain: _____

Cannabis Use Pattern

Cannabis type preferred(such as bud, oil, hashish, etc.)_____

At what age did you discover that cannabis helped your medical condition?_____

Which comes first when you medicate? Mental Changes Physical Changes

How long does it take to relieve your ailment? _____

Preferred method of cannabis intake: Oral Joint Pipe Water Pipe
If other, please explain: _____

How often do you use cannabis? _____

How much cannabis do you use per week? _____

Has your cannabis consumption changed in the last 6 months? Yes No
If changed, to what do you attribute the change? _____

Would you use more if it were easier to obtain? Yes No
If yes, how much more? 25% 50% 75% 100% Other:_____

Overall, how does cannabis affect your condition/symptoms?

Have you ever discontinued your cannabis and found a worsening or return of your symptoms?
If yes, please explain: _____

Have you ever used Marinol (synthetic THC): Yes No
If yes, was it prescribed? Yes No

What symptoms was it used for? _____

Side Effects

How do the unwanted side effects of cannabis if any compare to those of your usual prescription drugs? _____

NON DISCLOSURE AGREEMENT

Promisor hereby warrants, represents, covenants, and agrees as follows.

1. Engagement. Promisor, in the course of engagement by client, may or will have access to or learn information belonging to client that is proprietary and confidential (confidential information).
2. Definition of Confidential Information: Confidential information as used throughout this agreement means any secret or proprietary information relating directly to clients business and that of clients affiliated companies and subsidiaries, including, but not limited to products, customer lists, pricing policies, employment records and policies, operational methods, marketing plans and strategies, product development techniques or plans, business acquisition plans, new personal acquisition plans, methods of manufacture, technical process, designs and designs projects, invention and research programs trade “know-how”, trade secrets, specific software algorithms, computer processing systems, object and source codes, user manuals, system documentation, and other business affairs of client and it’s affiliated companies and subsidiaries,
3. Nondisclosure. Promisor agrees to keep strictly confidential all confidential information and will not, without clients express written authorization, signed by one of clients authorized officers, use, sell, market, or disclose any confidential information to any third person, firm, corporation, or association for any purpose. Promisor further agrees not to make any copies of confidential information except upon clients written authorization, signed by one of clients authorized officers, and will not remove any copy or sample of confidential information from premises of client without such authorization.
4. Return of material. Upon receipt of written request from a client , promisor will return to client all copies or samples of confidential information that at the time of the receipt of notice, are in promisor procession.
5. Obligation continue past term. The obligations imposed on promisor shall continue with respect to each unit of the confidential information following the termination of business relationship between promisor and client, such obligations shell not terminate until such unit shall cease to be secret and confidential and shall be in the public domain, unless such event shall have occurred as a result of wrongful conduct by promisor or promisor agents, servants, officers, or employees or a breach of the covenants set forth in this agreement.
6. Equitable relief. Promisor acknowledges and agrees that a breach of the provisions in paragraphs 3 and 4 of this agreement would cause irreparable damages that could not be adequately remedied by an action at law. Accordingly, promisor agrees that client shall have the right to seek specific performance of the provisions thereof, such a right being in addition to all other rights and remedies that are available to client at law, in equity, or otherwise.
7. Reciprocity. Client agrees to keep confidential all promisors confidential information, including, but not limited to, promisors medical records.
8. Invalidity. If any provision of this agreement or its application is held to be invalid, illegal, or unenforceable in any respect, the validity, legality, or enforceable, of any of the other provisions and applications therein shall not in any way be affected or impaired.

IN WITNESS WHEREOF, this agreement has been signed on this _____ day of _____, _____

Promisor _____

Witness _____