



**PATIENT
REGISTRATION
Form**

318 Richmond Road – Ottawa, ON – K1Z 6X6
p: 613-695-4923 f: 343-888-2004 e: info@hybridpharm.com

PATIENT INFORMATION

Are you applying for: Myself
 I am a caregiver

First Name(s): _____ Last Name: _____

Birth Date: [M]_____ [D]_____ [Y]_____ Gender: Male Female Other: _____

Phone #: _____ Email: _____

How would you like to be contacted? E-mail Phone Text @: _____

I consent to receiving e-mail communication from Hybrid Pharm: Yes No

(Emails we may send you will include news updates from Hybrid Pharm, appointment reminders and consultation reports
We will not spam you and you can unsubscribe at anytime.)

CAREGIVER INFORMATION (IF APPLICABLE)

First Name(s): _____ Last Name: _____

Birth Date: [M]_____ [D]_____ [Y]_____ Gender: Male Female Other: _____

Phone #: _____ Email: _____

How would you like to be contacted? Email Phone Text @: _____

ADDRESS

Address type: Private Establishment (nursing home, hospice, hospital) Name: _____

Address: _____ City: _____ Postal Code: _____ Province: _____

HEALTH INFORMATION

Health Card #: _____ (Veterans please enter K#) Exp: _____

Drug Allergies: None
 Yes (please specify): _____

(Please complete reverse side of form)

Are you currently taking any medications (including prescriptions and over the counter)? Yes No

If yes, Please list:

PATIENT / CAREGIVER / RESPONSIBLE PERSON CONSENT

- The patient/caregiver is a permanent resident of Canada.
- The information in this form is complete and accurate.
- The applicant will use medical cannabis only for their own medical purposes.

The undersigned, being an individual authorized to possess and consume cannabis for medical purposes pursuant to the Cannabis Regulations, SOR/2018-144, or the parent, legal guardian or responsible person for _____ (the "Client"), acknowledges that cannabis is not the equivalent of a prescription drug, even when it is used for medical purposes. Health Canada states that there is only some evidence of potential therapeutic uses for cannabis or its component chemicals (called cannabinoids, e.g. THC and CBD). Health Canada advises the public that determining whether cannabis is appropriate to treat a medical condition and the symptoms of a medical condition is best done through a discussion with a healthcare practitioner (a medical doctor or nurse practitioner). Hybrid Pharm and its affiliates supports and affirms Health Canada's positions regarding the use of cannabis for medical purposes.

The indications, safety and risks of the use of cannabis for medical or other purposes have not been adequately studied and precise dosing, dosages and dosage forms remain unclear. The Client or the undersigned for and on behalf of the Client acknowledges and agrees that the Client will be using cannabis for medical purposes at the Client's own risk and the Client or the undersigned personally and on behalf of the Client releases Hybrid Pharm Inc. (and all its directors, officers, employees, subsidiaries, affiliates, pharmacy affiliates and related parties) from any and all actions, claims, complaints and demands for damages, loss or injury arising directly or indirectly from the use of medical cannabis by the Client that has been obtained from Hybrid Pharm Inc., affiliates or any related parties.

Health Canada advises the public of the following potential negative outcomes of the consumption of cannabis:

1. Short-term negative effects of cannabis may include:
 - a. Impair one's ability to drive safely or operate equipment by slowing reaction times, lowering one's ability to pay attention and harm coordination;
 - b. Make it harder to learn and remember things;
 - c. Affect mood and feelings and can cause anxiety or panic; and
 - d. Affect mental health including triggering a psychotic episode.
2. Long-term effects of cannabis may include:
 - a. Depending on the manner in which cannabis is consumed, damage to lungs and make it harder for someone to breathe;
 - b. Affect and worsen mental health and may make it more likely to experience anxiety, depression, psychosis and schizophrenia;
 - c. Make someone physically dependent on or addicted to cannabis especially if it is used regularly.

The undersigned, on behalf of the Client acknowledges these possible negative outcomes of the Client's use of cannabis and believes that the benefits of the Client using cannabis for medical purposes outweighs the said risk(s).

For further information regarding Health Canada’s advisories regarding cannabis use for medical purposes and the risks associated with such use, the undersigned is advised to consult Health Canada’s website regularly.

In order for the Client to receive cannabis products and related services, the Client or the undersigned personally and on behalf of the Client authorizes and consents to Hybrid Pharm et al. disclosing any and all necessary information of the Client and/or the undersigned to third parties, including licensed producers, healthcare practitioners, pharmacists and other related parties by phone, physical or digital means or other means of communication.

In situations where “telemedicine” is used to conduct consultations with a healthcare practitioner, the Client or the undersigned on behalf of the Client acknowledges and agrees that telemedicine is an appropriate and adequate method of receiving health care advice for their circumstances, and understands that potentially sensitive health information will be communicated electronically. The Client or the undersigned on behalf of the Client understands it is their responsibility to undertake appropriate measures to ensure that they are conducting the consultation with a healthcare practitioner via telemedicine in a private and secure area. The Client or the undersigned on behalf of the Client acknowledges that despite reasonable efforts by Hybrid Pharm et al. to protect their privacy and to prevent the loss of sensitive information via electronic communications, situations may arise leading to this due to technical failures of software, hardware, internet service providers or by human error. The Client or the undersigned on behalf of the Client agrees to inform Hybrid Pharm et al. and its representatives in advance of any information that they do not wish to share electronically, and acknowledges that they are aware that in person consultations with a healthcare practitioner are available throughout the Greater Ottawa area.

SIGNATURES:

PATIENT:

Printed Name: _____

Signature: _____

Date Signed (M/D/Y): _____

PARENT/GUARDIAN/RESPONSIBLE PERSON:

Printed Name: _____

Signature: _____

Date Signed (M/D/Y): _____

Relationship to Patient: _____

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PATIENT RELEASE FORM – HEALTHCARE PROVIDER AND HYBRID PHARM

Hybrid Pharm Inc. and its representatives (hereinafter referred to as “Hybrid Pharm”)

I, _____ (print name) understand and agree that this Release and Acknowledgement document contains IMPORTANT information about the use of cannabis for medical purposes.

The healthcare practitioner named above with whom I am consulting regarding the possibility of me using cannabis for medical purposes may not issue and reserves the right not to issue any authorization to me to possess cannabis for medical purposes until he or she believes that I understand and appreciate the IMPORTANT information about the use of cannabis for medical purposes contained in this document.

I agree that the execution by me of this document is my acknowledgment that I understand and appreciate the IMPORTANT information about the use of cannabis for medical purposes contained in this document and that I have had the opportunity to ask the healthcare practitioner any and all questions that I have about the use of cannabis for medical purposes and the IMPORTANT information contained in this document and that I have received answers to those questions that I am completely satisfied with.

I further acknowledge and agree that the healthcare practitioner with whom I am consulting will not, unless otherwise indicated by the healthcare practitioner in writing, will not be assuming primary care obligations for me and will not become as a result of this consultation my primary healthcare provider. Notwithstanding the foregoing, the healthcare provider may assess and evaluate the appropriateness of my use of cannabis for medical purposes on an ongoing basis for the treatment and conditions and associated symptoms that I believe, from my own personal experience to be helpful in treating. I therefore confirm and agree that the healthcare provider will be providing me with healthcare solely for the purposes of determining whether I should receive an authorization for cannabis for medical purposes in order to treat my medical condition(s) and/or associated symptoms.

I hereby agree that I will not make any claim or commence any legal proceeding against the healthcare provider, his or her practice or professional corporation, any other associated healthcare provider or Hybrid Pharm in relation to:

1. My use of cannabis for medical purposes; and
2. My application, authorization to possess cannabis for medical purposes.

I acknowledge that Health Canada advises the public of the following potential negative outcomes of the consumption of cannabis:

1. Short-term negative effects of cannabis may include:
 - a. Impair one’s ability to drive safely or operate equipment by slowing reaction times, lowering one’s ability to pay attention and harm coordination;
 - b. Make it harder to learn and remember things;
 - c. Affect mood and feelings and can cause anxiety or panic; and
 - d. Affect mental health including triggering a psychotic episode.
2. Long-term effects of cannabis may include:
 - a. Depending on the manner in which cannabis is consumed, damage to lungs and make it harder for someone to breathe;
 - b. Affect and worsen mental health and may make it more likely to experience anxiety, depression, psychosis and schizophrenia;
 - c. Make someone physically dependent on or addicted to cannabis especially if it is used regularly.

I acknowledge and agree these possible negative outcomes of my use of cannabis for medical purposes and believe that the benefits of my use cannabis for medical purposes outweighs the said risk(s).

I acknowledge that further information regarding Health Canada's advisories regarding the use of cannabis for medical purposes and the risks associated with such use is available on Health Canada's website and I agree to check the said website on a regular basis.

In addition to the above, I acknowledge that I am well aware that there is considerable debate and a great lack of consensus among healthcare providers and other experts about the:

- a. appropriate medical use of cannabis;
- b. appropriate dosage for medical cannabis for various medical conditions and symptoms;
- c. risks associated with consuming cannabis for medical purposes by smoking cannabis;
- d. risks of smoking whole plant medical cannabis as compared to extracting the medicinally active cannabinoids;
- e. long-term health and psychological risks associated with the use of medical cannabis on a regular, semi-regular or more infrequent basis; and
- f. degree to which regular consumption of cannabis for medical purposes may:
 - a. contribute to pulmonary infections and respiratory cancer;
 - b. damage the cells in bronchial passages which protect the body against inhaled microorganisms and decrease the ability of the immune cells in the lungs to fight off fungi, bacteria, and tumor cells. For patients with already weakened immune systems, this means an increase in the possibility of dangerous pulmonary infections, including pneumonia;
 - c. weaken various natural immune mechanisms, including macrophages and T-cells; and
 - d. correlate in some cases with mental illness, such as bipolar disorder and schizophrenia.

I further acknowledge and agree that the above listed medical concerns and risk are further compounded by the lack of consistency and uniformity in available cannabis products. With conventional drug and prescription drug products I can generally consume a medication of a precisely known molecular quantity. I recognize that cannabis being derived from raw plant material does not work this way and that there may be substantial variations in the composition of different cannabinoids of the cannabis that I will consume even between batches of the same strain of cannabis from the same producer. I acknowledge that there is a significant uncertainty regarding the consistency of the cannabis product I may use for medical purposes which may further complicate the practical issue of using cannabis to treat medical conditions or to alleviate symptoms of medical conditions.

I acknowledge that ingesting a high dose of medical cannabis can cause nausea and disorientation.

I am seeking treatment of my medical conditions or symptoms with cannabis of my own free will and accord and not under duress. I acknowledge that even if the healthcare practitioner with whom I am consulting agrees to provide me with an authorization to possess cannabis for medical purposes that there may be other alternative and conventional treatment options for my medical conditions or the symptoms thereof which may be more effective.

Despite all of the above information I sincerely and solemnly state that it is my belief that for the treatment of my medical condition(s) and/or symptoms thereof, the benefits of using cannabis in the treatment of those conditions and/or symptoms outweighs any risks.

I agree that I will only accept an authorization to possess cannabis for medical purposes from the healthcare provider named above.

I agree to purchase the cannabis that I will be authorized to possess by the healthcare provider for medical purposes only from a licensed producer. I acknowledge that the treatment of my medical condition(s) or symptom(s) may not be effective if I obtain cannabis from other sources whether legally or illegally.

I agree to safely store the cannabis that I receive so that no other person can access it either deliberately or accidentally.

I am aware that young people (under 25) may experience psychosis and that the development of their brains and cognitive functions may be significantly and permanently impaired if they consume cannabis. I agree that to take all steps necessary to ensure that no person under the age of 25 will be exposed or have access to the cannabis that I obtain as a result of the authorization that I may receive from the healthcare provider.

I am aware that consuming cannabis with other substances, especially substances that may result in sedation, may cause harm and possibly even death.

I agree that I will not use illegal drugs (eg, cocaine, heroin) or controlled substances (eg, narcotics, stimulants, anxiety pills) that were not prescribed for me.

I will inform and provide full disclosure to the healthcare provider of any and all controlled substances that are prescribed to me by my regular doctor(s) from time to time.

I will inform my primary care practitioner that if I receive an authorization to possess cannabis for medical purposes and agree to have a medical assessment performed by my regular healthcare provider at least every 12 months.

I am aware that the consumption of cannabis during pregnancy and breastfeeding is strongly not advised as it may harm the fetus. I agree to inform the healthcare provider and my regular practitioner, if I am pregnant. I further agree that if at any time I become aware that I am pregnant while using cannabis for medical purposes that I will immediately stop using cannabis until I have consulted with a healthcare provider.

I agree that it is my decision to use cannabis for medical purposes and I do not support any claims made by my family, friends or other interested parties against said this clinic or healthcare provider.

I hereby release Hybrid Pharm, the healthcare provider, his/her clinic, my family practitioner, and any other involved healthcare providers from and agree to indemnify them from any and all actions, claims, causes of actions, complaints (even by family and friends) and demands for damages, loss, or injury whatsoever arising directly or indirectly as a consequence to my use of cannabis for medical purposes and my application to possess cannabis for medical purposes.

This release from liability and indemnity is to be binding on my heirs, executors and assigns. I also consent to the disclosure, sharing and use of my personal information and medical data by the healthcare provider, Hybrid Pharm and the licensed producer/provider of the cannabis that I may purchase. This information may be used to contact, assess and register the me with the licensed producer and for further analysis and research to better help other individuals.

SIGNATURES:

Patient Name: _____ **Health Practitioner Name:** _____

Patient Signature: _____ **Health Practitioner Signature:** _____

Date Signed (M/D/Y): _____ **Date Signed (M/D/Y):** _____

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
Total Score (add your column scores) =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so 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	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

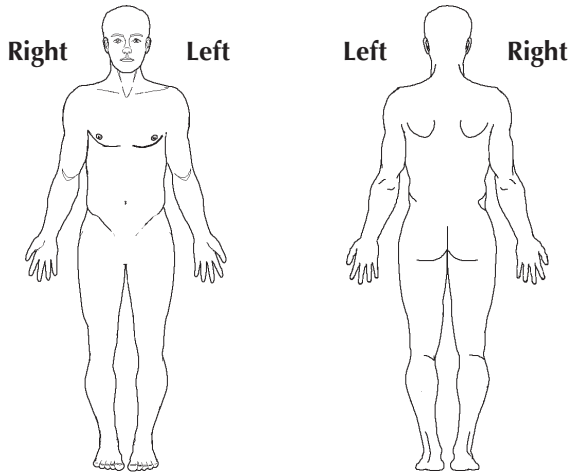
Extremely difficult

BRIEF PAIN INVENTORY

Date ____/____/____ Time: _____

Name: _____
Last First Middle Initial

- Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?
 1. Yes 2. No
- On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.



- Please rate your pain by circling the one number that best describes your pain at its WORST in the last 24 hours.

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

No Pain Pain as bad as you can imagine
- Please rate your pain by circling the one number that best describes your pain at its LEAST in the last 24 hours.

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

No Pain Pain as bad as you can imagine
- Please rate your pain by circling the one number that best describes your pain on the AVERAGE.

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

No Pain Pain as bad as you can imagine
- Please rate your pain by circling the one number that tells how much pain you have RIGHT NOW.

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

No Pain Pain as bad as you can imagine

- What treatments or medications are you receiving for your pain?

- In the last 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that shows how much RELIEF you have received.

0% 10 20 30 40 50 60 70 80 90 100%

No relief

Complete relief

- Circle the one number that describes how, during the past 24 hours, pain has interfered with your:

A. General activity

0 1 2 3 4 5 6 7 8 9 10

Does not interfere

Completely interferes

B. Mood

0 1 2 3 4 5 6 7 8 9 10

Does not interfere

Completely interferes

C. Walking ability

0 1 2 3 4 5 6 7 8 9 10

Does not interfere

Completely interferes

D. Normal work (includes both work outside the home and housework)

0 1 2 3 4 5 6 7 8 9 10

Does not interfere

Completely interferes

E. Relations with other people

0 1 2 3 4 5 6 7 8 9 10

Does not interfere

Completely interferes

F. Sleep

0 1 2 3 4 5 6 7 8 9 10

Does not interfere

Completely interferes

G. Enjoyment of life

0 1 2 3 4 5 6 7 8 9 10

Does not interfere

Completely interferes

Opioid Risk Tool

This tool should be administered to patients upon an initial visit prior to beginning opioid therapy for pain management. A score of 3 or lower indicates low risk for future opioid abuse, a score of 4 to 7 indicates moderate risk for opioid abuse, and a score of 8 or higher indicates a high risk for opioid abuse.

Mark each box that applies	Female	Male
Family history of substance abuse		
Alcohol	1	3
Illegal drugs	2	3
Rx drugs	4	4
Personal history of substance abuse		
Alcohol	3	3
Illegal drugs	4	4
Rx drugs	5	5
Age between 16—45 years	1	1
History of preadolescent sexual abuse	3	0
Psychological disease		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
Scoring totals		

Questionnaire developed by Lynn R. Webster, MD to assess risk of opioid addiction.

Webster LR, Webster R. Predicting aberrant behaviors in Opioid-treated patients: preliminary validation of the Opioid risk tool. Pain Med. 2005; 6 (6) : 432