

# Welcome to C.A.P.S.

## The Collective Apothecary of Prescription Services

This following packet is issued for the benefit of our patients and the  
Compliance of known California Health and Safety Codes

### YOU MUST READ THE FOLLOWING

- ✓ On your first visit, this office must verify your recommendation with your doctor's office. You will not be admitted until verification has been approved by phone or internet, depending on your doctor's office hours. If we cannot get verification, you will be asked to come back another day. This rule applies to everyone, including you!
- ✓ You must possess your original recommendation and valid I.D. to enter the pharmacy....**EVERYTIME!** (We may however approve a medical card from your doctor, in that case you are able to enter using your approved card and valid California I.D.)
- ✓ Members must be 18 years or older.
- ✓ You must treat our staff of volunteers with respect and courtesy.
- ✓ We have the right to refuse service to anyone at any time.
- ✓ Please refrain from bringing large or unnecessary bags into the pharmacy, they should be left in your car or at home.
- ✓ Members will refrain from using any electronic device at the pharmacy. These include, but are not limited to: cameras, cell phones, iPods, laptops, recording devices, tablets, tablets, or laptops. You must turn off all of these devices prior to entering the pharmacy.
- ✓ Loitering in or around our building & parking area is not permitted.
- ✓ Members will not distribute medicine received from C.A.P.S., to any other person
- ✓ If caught redistributing your medication, your pharmacy privileges will be terminated.
- ✓ Patients are expected to arrive alone. No friends, relatives or children are allowed into our facility without a medical recommendation. No one should be waiting in any vehicles unless you are being driven for disability reasons.
- ✓ No loud music! Please be respectful of our neighbors!
- ✓ Please be aware for security reasons, we are under 24 hour surveillance not only in our facility but also in the surrounding parking areas.
- ✓ Members agree to let C.A.P.S. and its members to grow, store, process, transport, and dispense medical cannabis for their medical needs.

I hereby acknowledge that I have been informed of this medical practice's house rules and good neighbor policies. I further acknowledge that a copy of the current policies will be posted in the reception area, and that I will be offered a copy of any amendments to these policies at the time of each visit.

Print Patient's Name: \_\_\_\_\_ Primary Telephone: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Patient's Email: \_\_\_\_\_

*This document must be signed by every patient entering the pharmacy!*



# Caregiver Cultivation Contract

In compliance with California Health and Safety Code 11362.5

EVERY PATIENT MUST FILL OUT THIS FORM. CONTRACT IS WHAT ALLOWS US TO HOLD YOUR MEDICATION UNTILL YOU ARE READY TO TAKE POSSESSION OF IT. THEREFORE, WE ARE CONSIDERED ONE OF YOUR CARE PROVIDERS. YOU MAY ALSO ASSIGN ANOTHER INDIVIDUAL TO BE YOUR CAREGIVER IF YOU ARE NO ABLE TO PICK UP YOUR OWN MEDICATION.

IF ASSIGNING SOMEONE AS YOUR CAREGIVIER, PLEASE INFORM THE FRONT DESK. YOU WILL NEED TO FILL OUT ONE MORE FORM!

I, (print patient's name) \_\_\_\_\_ certify that I currently suffer from anorexia, arthritis, cancer, chronic pain, glaucoma, HIV/AIDS, migraine headaches, muscle spasms, **or any other serious illness** that benefits from the use of cannabis as a medication for treatment. I have obtained a recommendation or approval for that use of medical cannabis in treating my illness from a licensed physical. (A copy of my Recommendation or approval is attached hereto.)

I hereby designate C.A.P.S and (Write self or caregiver's name) \_\_\_\_\_, As my primary caregiver for providing medicinal cannabis, in accordance with health and safety code 11362.5(d) and 11362.5(e), which read as follow:

- d) Section 113657, relation to the possession of marijuana, and section 11358, relation to cultivation of marijuana for personal medical purposes of the patient upon written or oral recommendation or approval of physician.
- e) For purposes of this section. "Primary Caregiver" means that the individual designated by the person exempted under this act has consistently assumed responsibility for the housing, health, or safety of that person.

I further agree that I am associated with C.A.P.S. as part of its collective of patients and caregivers, created pursuant to Health and Safety Code section 11362.775 and established for the purposes of obtaining the collectives patients physician recommended marijuana for medicinal purpose. My association will remain in effect unless this collective is no filter in writing otherwise.

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

Caregiver Signature (if applicable) \_\_\_\_\_

How did you hear about C.A.P.S.?

WeedMaps      Referral \_\_\_\_\_ (P# \_\_\_\_\_)      Other \_\_\_\_\_

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