**My Health Condition and Treatment History**

**For TGA Medicinal Cannabis Access Applications**

Please complete the information to the best of your knowledge to aide your Specialist and/or GP to complete the paperwork for your TGA SAS Medicinal Cannabis application.

YOU can help by accurately recording your medical and treatment history, focusing on the specific health condition for which the doctor is applying for access to medicinal cannabis, from the medical letters and reports you have at home. If you cannot find or remember the exact date just supply the year (and closest month if possible).

**My Health Condition and Treatment History**

Name of the specific health condition for which medicinal cannabis is being sought:

Click or tap here to enter text.

**About the Person with the Specified Health Condition**

Full Name Click or tap here to enter text.

Gender  F  M

Date of Birth Click or tap to enter a date.

Residential address Click or tap here to enter text.

Suburb Click or tap here to enter text. State Choose an item. Postcode Click or tap here to enter text.

**Contact Details**

Mobile Phone: Click or tap here to enter text.

Home Phone: Click or tap here to enter text.

Work Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Who is competing this form?**

Person with the specified health condition

Proxy on behalf of the person with the specified health condition

**About the Proxy completing this form**

Full Name Click or tap here to enter text.

Proxy’s Relationship to Applicant Click or tap here to enter text.

**Contact Details of person completing this form**

Mobile Phone: Click or tap here to enter text.

Home Phone: Click or tap here to enter text.

Work Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Medical Condition Event History**

Date of first event: Click or tap to enter a date.

Date of diagnosis: Click or tap to enter a date.

List the types of events you experience and how frequently they occur

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Description of events | No. of events per day | No. of events per week | No. of events per month | No. of events per year | Event free since - insert date |
| 1. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
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| 9. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| 10. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

More information: Click or tap here to enter text.

**Medication History**

List ALL medications you have ever tried to manage your specified health condition

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Name of medication | Date started  month/year | Date stopped  month/year | Why was this medication ceased? |
| 1. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
| 2. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
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| 16. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
| 17. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
| 18. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
| 19. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
| 20. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |

More information: Click or tap here to enter text.

**Surgical History**

List all surgical procedures directly related to the specified health condition

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Name of Hospital | Date of procedure | Name of Doctor performing procedure | Name of procedure | Your Comments  Eg. successful/unsuccessful,  outcome |
| 1. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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More information: Click or tap here to enter text.

**Other Treatments**

List all other treatments you have tried including conventional, alternative and complimentary therapies to manage your specific health condition

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Type of Therapy | When started | When stopped | Why did you try this particular therapy | What was the result of this therapy? |
| 1. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
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| 10. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |

More information: Click or tap here to enter text.

**Use of Health Services**

List all ambulance call outs in the last two years directly related to your specified health condition (include those not requiring transportation to hospital)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Date | Reason | Was the person transported to hospital (Yes/No) | Comments |
| 1. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 2. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 3. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 4. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 5. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 6. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 7. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 8. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 9. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 10. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 11. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 12. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 13. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 14. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
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| 17. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 18. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 19. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 20. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |

More information: Click or tap here to enter text.Please estimate how many times you have used the **ambulance service** for your specified health condition each year

|  |  |
| --- | --- |
| Year | Number of times per year |
| 2019 | Click or tap here to enter text. |
| 2018 | Click or tap here to enter text. |
| 2017 | Click or tap here to enter text. |
| 2016 | Click or tap here to enter text. |
| 2015 | Click or tap here to enter text. |
| 2014 | Click or tap here to enter text. |
| 2013 | Click or tap here to enter text. |
| 2012 | Click or tap here to enter text. |
| 2011 | Click or tap here to enter text. |
| 2010 | Click or tap here to enter text. |
| 2009 | Click or tap here to enter text. |
| 2008 | Click or tap here to enter text. |

List all visits to the Emergency Department related to your specified health condition (including those requiring ambulance transportation)

|  |  |  |  |
| --- | --- | --- | --- |
| Date of visit  (start with most recent) | Name Hospital | Reason for visit | Comments |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

More information: Click or tap here to enter text.  
List all related Hospital Admissions related to your specified health condition (onto a ward not ED)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Name of Hospital | Date of admission | Date of Discharge | Reason for admission and outcome |
| 1. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
| 2. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
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| 9. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
| 10. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |

More information: Click or tap here to enter text.

List all injuries sustained related to your specified health condition

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Date of injury | Type of injury | Suspected cause of injury eg seizure, side effect of medication | Comment |
| 1. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| 10. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

More information: Click or tap here to enter text.

**The information documented in this form is a true and accurate account to the best of my knowledge.**

*Person with the specified health condition*

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

*Proxy*

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.