LAPCG

Los Angeles Patients & Caregivers Group

Confidential Patient and Primary CareGiver Registration Form

The information on this form is confidential and will never be provided to any other person, agency, or organization.

--- Please print clearly to avoid errors ---

☐ **I am a patient** ☐ **I am a Primary Caregiver for Patient:** _____**Database#** _____

☐ **I am designating a <u>Primary Caregiver</u> as per California Health and Safety Code § 11362.5.**

Please, you must complete the Primary Caregiver designation form. Your Primary Caregiver should keep a copy of the designation form and your letter of recommendation as proof of his or her status as a Primary Caregiver.

Name _____ ☐**Please DO NOT send me mail**

first *last*

Address _____

City _____ State _____ Zip _____

CA DL or ID #: _____ Date of birth _____

Tel. Number ( ) _____ *(for administrative use only)*

State/County Medical Cannabis ID card number _____

Medical cannabis recommendation issued by:

Physician _____ **Exp. Date** ____ **/** _____ **/** _____

Ph. Number ( ) _____ **Physician's License** _____

What is happening? Please give us your email address so that we can keep you up to date on events and services at the LAPCG. This is a low-volume list. Your address will never be given to anyone else.

Email Address: _____@_____ **(Please, print clearly)**

How did you hear about us? _____

- **I have read and understand the Los Angeles Patients & Caregivers Group guidelines.**
- **I declare under the Penalty of Perjury under the laws of the State of California**
  1) The information I provide to LAPCG is true and correct, and
  2) I am not obtaining membership for fraudulent purposes.
- **<u>I authorize my recommending physician to verify his or her recommendation or approval for the use of medical cannabis(marijuana).</u>**

X_____ _____

Members signature **Date**

For LAPCG Staff Use Only: Intake Staff _____ **Database ID No.** _____

Membership Verified by: _____ Date of Verification: _____/ _____ /_____

Renewal Entered ☐ **SEE NOTES ☐**