

Patient Medical History

Answer these questions to best of your knowledge and understanding about patient's medical history.

High Cholesterol?	Yes	No
High Blood Pressure?	Yes	No
Diabetes?	Yes	No
Heart Disease or Stroke?	Yes	No
Edema or excessive fluid retention?	Yes	No
Gastrointestinal Diseases?	Yes	No
Typhoid Disorder?	Yes	No
Cancer?	Yes	No
Lung Upper Respiratory Disorder?	Yes	No
Smoker?	Yes	No
Glaucoma or other eye disorder?	Yes	No
Kidney Disease?	Yes	No
Liver Disease?	Yes	No
Muscle or Joint Disorder (arthritis, gout etc)?	Yes	No
Emotional Disorder (depression, psychosis etc)?	Yes	No
Immune Disorder (HIV, AIDS, lupus)?	Yes	No
Allergies to dust, pollen etc?	Yes	No
Skin Disorder (acne, prosiatic etc)?	Yes	No
Neurological Disorder (Parkinson's, Seizure etc)?	Yes	No
Alzheimer's, stroke, migraines etc?	Yes	No
Prostate Disorder?	Yes	No

Any other? _____

Allergy Information

Is patient suffering from any allergies? List all of them below.

Family History

Does the patient have any serious family medical history? List below.

Current Medication

List all medications patient is currently using.

Disclaimer

Be advised that, given the international nature of the practice of International Prescription Services (IPS) pharmacy, there may be limitations in the ability of the Manitoba Pharmaceutical Association (MPhA), which is the statutory licensing authority for pharmacies and pharmacists in the Province of Manitoba, to investigate and prosecute complaints from persons who receive services or products from an IPS pharmacy. Manitoba pharmacists are not permitted to fill US physicians' prescriptions. The can only fill prescriptions issued by a physician licensed in a province or territory of Canada. M.Ph.A takes the position that it may be contrary to professional standards for a pharmacist to fill prescriptions by a physician, licensed in a province or territory of Canada, who has not established an acceptable patient physician relationship with you.

1. The client is of the age of majority in the jurisdiction in which the client ordinarily resides. ("Place of Residence")
2. The Client is not restricted from making his or her own medical decisions under the laws of the Place of Residence of the Client.
3. The Client confirms to Canada Medicose and its affiliated pharmacies ("The Providers") a duly qualified medical practitioner in the place of residence of the Client prescribed the pharmaceutical (s) ordered by the Client ("the Ordered Product").
4. The Client has not violated any laws in the Place of Residence of the Client, in obtaining the prescription of the Ordered Product.
5. The client confirms that the ordered product will not be used in any way whatsoever, except as prescribed by the duly qualified medical practitioner who issued the Prescription to the Client ("the Client's Doctor").
6. The Client confirms that no person other than the Client will use the Ordered Product.
7. The Client grants Limited Power of Attorney to The Providers, for the limited purpose of signing any documents as required by the laws of the Province of Manitoba, (Canada), which are necessary to permit the delivery of the Ordered Product to the Client, in the same manner as the Client could, if the Client had personally attended at the Providers place of business Winnipeg, Manitoba, Canada.
8. The Client attorns to the jurisdiction of Manitoba and agrees that the laws of the Province of Manitoba and the Federal Government of Canada, as applicable, shall govern any dispute that arises between the Client and the Providers.
9. The Client further agrees that if any dispute, shall arise between the Parties of pursuant to this Agreement as to the rights of liabilities of the parties to this Agreement, then every such dispute shall be referred to a single arbitrator if the Judge of the Court of the Queen's Bench for Manitoba, such judge shall be entitled to name a single arbitrator, whose appointment shall be final and binding upon the parties. In all respects, subjects to the terms of this agreement, The Arbitration Act of Manitoba and amendments thereto shall govern such proceedings and the arbitrator shall be entitled to fix and apportion liability for the costs of the arbitration. The award of determination, which shall be made by the said arbitrator, shall be absolutely final and binding upon the parties.
10. The Client acknowledges that the Ordered Product may not be returned for a refund or an exchange.

By signing this document the client confirms that he/she has read and understood these terms and that they are true and correct and the Client agrees that the terms herein are binding on the Client and heirs assigns, successors and personal representatives of the Client.

Name of Patient _____ Signature _____ Date _____

Mail this form to 463 Furby St, Winnipeg, MB R3T 2V7, Canada OR Fax to Toll Free Fax: 1-866-244-3784 (DRUG)