



SECTION 21 – PATIENT INTAKE FORM

1. Section 21's:

Before any medicine can be sold in South Africa, it must be approved by the South African Health Products Regulatory Authority (SAHPRA), who certifies that the medicine is safe, of good quality and is effective.

Unless the medicine has gone through these processes, it cannot be on the shelves for sale. In exceptional circumstances, SAHPRA may permit access to unregistered medicines. This exception is permitted by section 21 of the Medicines and Related Substances Act, 101 of 1965 through a process that is commonly referred to as “a section 21 application”.

2. Dispensing of Medicinal Cannabis:

Under the Medicines Act, medical practitioners can apply to SAHPRA for permission to access and prescribe unregistered medicines – including cannabis – for their patients in certain exceptional circumstances.

The only means by which a patient will be able to obtain Medicinal Cannabis in South Africa is through a medical practitioner who holds the relevant license to prescribe it, which license is obtained from SAHPRA.

A Pharmacist registered accordingly with the relevant Pharmacy Council are able to provide medicinal cannabis when provided with a legitimate prescription from a medical practitioner. Medicinal Cannabis products may thus be made available to specific patients under medical supervision and through legal channels as confirmed by SAHPRA in the guideline document in this regard.

3. Supporting Documents Required:

- Notification of Payment SAHPRA AND DR.
- Clear Copy of ID.
- Photo with preferably white back ground of yourself. (Like ID photo).

PARTICULARS OF PATIENT:

1. Title: _____

2. Full Names: _____

3. Surname: _____

4. ID Number: _____

5. Age: _____ Gender: _____ Weight (kg): _____ Height (cm): _____

6. Occupation: _____

7. Residential Address: _____
(Details in full)

8. Work Address: _____
(Details in full)

9. Email: _____

10. Telephone number (office hours): _____

11. Cellular phone number: _____

12. Diagnosis - Full description including the severity, staging and prognosis where applicable:

Example: Chronic Pain, Anxiety, Epilepsy, Fibromyalgia etc. – Please give a full description.

13. Details of current treatment regimen for the above diagnosis. Include medicinal, surgical and other treatment:

Example: Aspirin, Ibuprofen, Naproxen, Serotonin and Norepinephrine.

14. Do you suffer from any other conditions not yet mentioned? If yes, please specify as well as current treatment.

Example: High Blood Pressure, Cholesterol, Diabetes etc.

15. Do you smoke Cannabis? (Please circle your answer)

YES / NO

16. Do you use Cannabis in any other form? (Please circle your answer)

Specify:

Full Signature (**Do not touch the sides please**)

INFORMED CONSENT FORM:

I, _____ (full names and surname) voluntarily agree to be treated with a medication namely < 1% ***Delta-9-Tetrahydrocannabinol*** which is not registered in South Africa.

I confirm that I have been fully informed and my questions answered about my disease (for which a section 21 application is being made), its cause, severity, prognosis, available (in South Africa) registered treatment options and the reasons for the current state of my illness and the unregistered medication and application to use a medication that is not registered in South Africa and that:

- the medication is not registered in South Africa) and that this implies that the quality, effectiveness and safety of this medication have not been verified by SAHPRA.
- the medication will only be supplied to and used by and on me once specific approval has been obtained from SAHPRA.
- appropriate measures will be taken to prevent, monitor and manage the unwanted effects on me of the unregistered medication.
- use of the unregistered medication on and by me is for managing my disease and not for medical research.
- I will be free stop using the medication at any time and that I will inform my (treating) doctor accordingly.

Date: _____

Full Names of patient/guardian: _____

Signature of patient/Guardian: _____

Section 21 Payments:

Please make payment to SAHPRA and the Dr before we can submit your application.

SAHPRA:

Account Name : South African Health Products Regulatory Authority

Bank : ABSA

Account Type : Cheque/Current Account

Account Number : 405 939 2080

Branch Code : 632 005

Amount: R350

Reference : Name & ID Number

Please email proof of payment to nic@cannayeza.co.za

Dr B Malakoane:

Account Name : Dr B Malakoane (Dynasty Healthcare)

Bank : FNB

Account Type : Savings

Account Number : 628 906 991 38

Branch Code : 250 655

Amount R350

Reference : Name & ID Number

Please email proof of payment to nic@cannayeza.co.za