1st Choice DRUGS

Phone:1-877-782-4823 | Fax: 1-855-893-6422
www.1stchoicedrugs.com | info@1stchoicedrugs.com

PATIENT MEDICAL QUESTIONNAIRE

PERSONAL INFORMATION

FULL NAME _____ ☐ MALE ☐ FEMALE

STREET ADDRESS _____ CITY _____

STATE/PROVINCE _____ COUNTRY _____ ZIP/POSTAL CODE _____

PHONE (DAY) _____ PHONE (EVENING) _____

EMAIL _____ *BIRTH DATE (MM/DD/YYYY) _____

FAX NUMBER _____ *WEIGHT (LBS) _____ HEIGHT _____

☐ I DO NOT WANT A REMINDER WHEN IT'S TIME FOR A REFILL

FIRST TIME PATIENT INFORMATION

Please fill out this section if you are first time patient, or to update your information in file.

Authorized Contact:

FULL NAME OF SECONDARY CONTACT _____

RELATIONSHIP TO YOU _____ PHONE _____

Your Physician:

PRIMARY PHYSICIAN'S FULL NAME _____

CLINIC NAME _____

STREET ADDRESS _____

CITY _____ STATE/PROVINCE _____ COUNTRY _____

ZIP/POSTAL CODE _____ PHONE _____ FAX _____

_____ / _____

PATIENTS'S SIGNATURE DATE (MM/DD/YY)

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MEDICAL INFORMATION

ALL medical information MUST be completed! (Attach additional sheet if required)

MEDICAL CONDITIONS:

Please indicate ALL medical conditions that you currently have and include comments on the lines below.

- ☐ Alzheimer's Disease
- ☐ Asthma
- ☐ Depression
- ☐ Glaucoma
- ☐ High Cholesterol
- ☐ Kidney/Renal Disease
- ☐ Parkinson's Disease
- ☐ Tobacco use (smoker?)
- ☐ Anxiety
- ☐ Cancer (describe below)
- ☐ Diabetes (describe below)
- ☐ Heart Disease(describe below)
- ☐ HIV/AIDS
- ☐ Liver Disease
- ☐ Schizophrenia
- ☐ Other _____
- ☐ Arthritis – Rheumatoid, Osteoarthritis or Lupus
- ☐ COPD–Bronchitis & Emphysema
- ☐ Epilepsy
- ☐ High Blood Pressure
- ☐ Hysterectomy
- ☐ Osteoporosis
- ☐ Thyroid Disorders

Comments: _____

DRUG ALLERGIES:

Please list ALL of the DRUG allergies that you currently have.

- ☐ A.C.E. Inhibitors – E.g. Vasotec
- ☐ Carbamazepine – E.g. Tegretol
- ☐ Glucocorticoids – E.g. Prednisone
- ☐ Hydantoins – E.g. Dilantin
- ☐ Penicillins – E.g. Augmentin
- ☐ Sulfonamides – E.g. HCTZ, Septra, Celebrex, Glyburide
- ☐ Beta Adrenergic Blockers – E.g. Inderal
- ☐ Cephalosporins – E.g. Keflex
- ☐ Histamine H2 Inhibitors – E.g. Zantac
- ☐ Macrolides – E.g. Erythromycin
- ☐ Proton Pump Inhibitors – E.g. Prilosec
- ☐ Tetracyclines – E.g. Doxycycline
- ☐ Calcium Channel Blockers – E.g. Diltiazem
- ☐ Cox-2 Inhibitors – E.g. Celebrex
- ☐ HMG-COA Reductase – E.g. Zocor
- ☐ NSAID's – E.g. Naprosyn, Aspirin
- ☐ Selective Serotonin Reuptake Inhibitors – E.g. Prozac

Please list specific drugs to which you have had a reaction:

_____

_____

_____

_____

_____

_____ /

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Please list below any prescription drugs or herbal medications you are currently taking (please attach an extra sheet if additional space is required):

DRUG NAME	DOSAGE	USED HOW LONG	FOR WHAT MEDICAL CONDITION

Comments: _____

_____

MEDICATION:

For medication(s) that you wish to order, please enter the quantity, and listed price, as obtained through our web site or customer service center. An original prescription from your doctor's office is required

When placing your order, we ask if you would allow for a generic substitution (if available), unless otherwise specified by your prescribing physician.

GENERIC OK?	MEDICATION	STRENGTH	QTY	PRICE
We are able to contact your Doctor and/or transfer your prescription (only available to the residents of United States and Canada).			SHIPPING	
			TOTAL	

All medications are shipped in child-protective packaging. Would you like an additional vial with non-safety caps for easy opening? ☐ YES ☐ NO

Patient Counselling - Request for Contact Our dispending pharmacy offers counselling to all of its patients. Do you want to receive counselling? ☐ YES ☐ NO

If Yes, when would be a good time for the pharmacist to contact you for counselling? _____

_____ /

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PAYMENT DETAILS:

Credit Card: ☐ Visa ☐ Discover ☐ MasterCard ☐ American Express ☐ Check

CARDHOLDER'S NAME _____

CARDHOLDER'S ADDRESS _____

CITY _____ STATE/PROVINCE _____

COUNTRY _____ ZIP/POSTAL CODE _____

CREDIT CARD NUMBER _____ CREDIT CARD EXPIRY (MM/YY) _____

CARDHOLDER'S SIGNATURE _____ CVV CODE _____

Note: The Dispensing Pharmacy will charge your credit card once the order has been approved by our medical team. Depending on how your order is filled, more than one charge may appear on your credit card statement.

MAILING/INFORMATION CONTACT:

☐ **OPTION-1:** MAIL YOUR PRESCRIPTION. A CUSTOMER CARE AGENT WILL PROVIDE YOU WITH THE ADDRESS WHERE YOU NEED TO MAIL THE PRESCRIPTION.

☐ **OPTION-2:** CONTACT MY DOCTOR. PLEASE SUBMIT THESE FORMS TO US AND MAKE SURE THAT YOUR DOCTOR'S INFORMATION IS ACCURATELY FILLED OUT ON PAGE 1.

☐ **OPTION-3:** TRANSFER MY PRESCRIPTION. PLEASE SUBMIT THESE FORMS TO US, AND INITIATE A TRANSFER FROM ANOTHER PHARMACY.

RX NUMBER(S) _____

PHARMACY NAME _____

CITY _____ STATE/PROVINCE _____

COUNTRY _____ ZIP/POSTAL CODE _____

PHONE _____ EXT _____ FAX _____

REFERRAL PROGRAM:

Please complete to earn credits for yourself and the person who referred you!

FULL NAME OF THE PERSON WHO REFERRED YOU _____ PHONE _____

Please use this form to submit your prescription(s), and send it back to us through Fax: 1-855-893-6422 or email: info@1stchoicedrugs.com to complete your order.

Note: your original prescription must be mailed to us unless they are faxed from your physician's office.

_____ /

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FIRST CHOICE DRUGS CUSTOMER AGREEMENT

(VERSION 1.0 EFFECTIVE JANUARY 1, 2019)

Being over the age of 21, I hereby enter into this agreement ("Agreement") with First Choice Drugs, for on and on behalf of itself and each Dispensing Pharmacy (defined below), intending to be legally bound:

1.01 I am delivering this Agreement to First Choice Drugs because I wish to place an order ("My Order") for certain medications ("My Medications"), on the terms and conditions set out herein.

1.02 I WANT TO PURCHASE MY MEDICATIONS FROM, AND HAVE MY ORDER FILLED BY, A LICENSED PHARMACY IN CANADA.

1.03 I confirm, acknowledge and agree that if, as part of the Order process, I have indicated that:

(a) I want to purchase my Medications from, and have My Order filled by, a pharmacy in more than one of the listed countries (all countries selected by me are referred to hereafter as a "Selected Country"), First Choice Drugs will, as my agent, select a licensed pharmacy (each, a "Dispensing Pharmacy") from one or more of the Selected Countries to dispense My Medications. First Choice Drugs will, as my agent, make the decision about which one or more Dispensing Pharmacy will dispense My Medications based on the availability and/or price of My Medications in the Selected Countries; and

(b) I want to purchase My Medications from, and have My Order filled by, a Dispensing Pharmacy in a specific Selected Country, My Medications will be dispensed by a Dispensing Pharmacy in that Selected Country selected for me by First Choice Drugs, as my agent.

1.04 I understand that First Choice Drugs is not a pharmacy, and that in every case, I am purchasing My Medications from the Dispensing Pharmacy, and My Medications will be shipped directly to me by the Dispensing Pharmacy. If My Medications are being purchased from pharmacies in different countries, they will be shipped directly to me by the Dispensing Pharmacy in that country.

1.05 I confirm, acknowledge and agree that if My Medications are shipped to me from more than one Selected Country, I will be charged a separate shipping fee for each Selected Country. I further acknowledge that each Dispensing Pharmacy will make reasonable efforts to jointly ship My Medications and those of any other person who resides at my same address in the same package, however there is no guarantee that this will occur and therefore I confirm, acknowledge and agree that I and any other person who resides at the same address may each be charged a shipping fee for our medications.

1.06 I specifically confirm, acknowledge and agree that title to My Medications passes to me from the Dispensing Pharmacy when My Medications leave the Dispensing Pharmacy, and that (subject expressly to Sections 1.04 above and 1.9 of Schedule "A" attached) any and all agreements reached or contracts formed throughout the course of my purchase of My Medications are and shall be deemed to be made in respect of any of My Medications that are purchased in a Selected Country, in that Selected Country and accordingly shall be governed by the laws of that Selected Country applicable to such contracts and agreements.

1.07 I specifically confirm, acknowledge and agree that (subject expressly to Sections 1.04 above and 1.9 of Schedule "A" attached) any dispute that arises between me and First Choice Drugs or any of My Agents (defined below) shall, insofar as such dispute relates to any of My Agents located in a Selected Country, be governed by the laws of that Selected Country applicable to contracts formed in that Selected Country and the courts of that Selected Country shall have sole and exclusive jurisdiction over any such dispute.

1.08 The additional Terms and Conditions set out on Schedule "A" hereto, which Schedule is hereby incorporated herein by reference, form an integral part of this Agreement, and I acknowledge having read such terms and conditions and that I agree to them.

Signed this_____ day of _____, 20____ _____/_____

SIGNATURE PLEASE PRINT NAME CLEARLY

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ADDITIONAL TERMS AND CONDITIONS

SCHEDULE "A"

PART I - AUTHORIZATIONS AND CONSENT

1.1 The authorizations, appointments, powers of representation and consents that I am providing herein to First Choice Drugs and My Agents commence on the date I sign the Agreement and will continue until I cancel them. I understand that I can cancel the authorizations, appointments and consents I have herein granted at any time.

1.2 I hereby authorize and appoint First Choice Drugs and My Agents as my agents and attorneys for the limited purpose of taking all steps and signing all documents on my behalf necessary to obtain an Equivalent Prescription (defined below), if required by law in a Selected Country from which I am purchasing My Medications, to the same extent as I could do personally if I were present taking those steps and signing those documents myself. This authorization includes, but is not limited to: collecting Personal Information (defined below) about me; collecting similar information from My Doctor (defined below) or pharmacist; and disclosing my Personal Information to First Choice Drugs employees, agents, contractors, subcontractors, affiliates and service providers, including without limitation any Agent Physician (defined below), First Choice Drugs, any Dispensing Pharmacy and any pharmacist in a Selected Country being engaged on my behalf (collectively, "My Agents"), as required, for the limited purpose of obtaining the Equivalent Prescription and for My Order to be filled.

1.3 In this Agreement, the term:

(a) "Equivalent Prescription" means a prescription or equivalent authorization or approval that (in accordance with Section 1.03 of the Agreement to which this Schedule "A" is attached (the "Agreement") is a Selected Country equivalent of My Prescription (defined below); and

(b) "Personal Information" means personal health and medical information about me (including, without limitation, my medical history and drug history), my contact and demographic information (including, without limitation, my full name, address and phone number) and payment information.

1.4 Without limiting anything else herein, I hereby provide my consent to allow a physician retained by First Choice Drugs or My Agents as my agents and attorneys on my behalf (an "Agent Physician"), in each Selected Country where My Medications are being purchased, to obtain Personal Information and other necessary documentation from My Doctor. This Agent Physician will be a duly licensed physician in the Selected Country where I am purchasing My Medications. For example, if My Medications are being purchased only in Canada, this Agent Physician will be a licensed Canadian physician; if they are being purchased in more than one Selected Country, an Agent Physician will be engaged in each Selected Country in which My Medications are being purchased (if required by the laws of that Selected Country in order for My Prescription to be filled), in connection with those of My Medications that I am purchasing in that Selected Country.

1.5 I further consent to First Choice Drugs and each Agent Physician, each Dispensing Pharmacy and My Doctor being able to contact one another to discuss my Personal Information, as it pertains to the prescribing and dispensing of My Medications. I understand that the reason for this consent is to provide each Agent Physician and each Dispensing Pharmacy with the full opportunity to conduct an independent analysis of whether My Prescription is appropriate, and discuss any potential medical complications that might arise. My Personal Information and information concerning My Prescription will also be provided to any third-party contracted by First Choice Drugs, to carry out its marketing and administrative services, in order to facilitate the processing of My Order and to establish and maintain my customer account. I further understand that my Personal Information will not be used for any other reason, and will be kept in strict confidence.I further confirm and acknowledge that I am under the ongoing care of My Doctor, and I agree to regularly visit My Doctor and to promptly advise the Agent Physician and First Choice Drugs of any changes to my medical condition or prescriptions. It is clearly understood that I am not seeking medical treatment or service of any kind from any Agent Physician, First Choice Drugs or My Agents with regard to any medical advice, professional advice or treatment of any kind whatsoever. I have relied only on My Doctor in respect of My Prescription.

1.6 I hereby specifically acknowledge that I am aware that First Choice Drugs will be transmitting my Personal Information by electronic means (for example fax, or secure internet) to My Agents. I understand that the use of electronic means will enhance the efficiency and timeliness of processing My Order. I also understand that First Choice Drugs, as a custodian of my Personal Information, will take precautions to protect my Personal Information from improper disclosure or use. I hereby consent to First Choice Drugs's transmission of my Personal Information by electronic means to My Agents.

1.7 If I was directed to First Choice Drugs's services through an intermediary (for example, a pharmacy benefit manager, health management organization or other service provider, or a City or State or other group program), I hereby authorize First Choice Drugs to release Personal Information to such an intermediary if required for quality assurance or auditing purposes, or to permit the processing of any claims on my behalf. It is my understanding that all such intermediaries will provide confidentiality covenants to First Choice Drugs whereby they agree to hold any such information in strictest confidence and to abide by the privacy policies of First Choice Drugs relating to the protection of my Personal Information. I specifically consent to the transmission of the forgoing information to such intermediaries by electronic means.

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1.8 Subject specifically to Sections 1.04, 1.06, 1.07, and of the Agreement, I authorize and appoint First Choice Drugs and My Agents as my agents and attorneys for the purpose of taking all steps and signing all documents on my behalf necessary to package or re-package My Medications and to arrange delivery of them to me, to the same extent as I could do if I were personally present taking those steps and signing those documents myself.

1.9 I confirm, acknowledge and agree that I initiated a consultation with First Choice Drugs and that First Choice Drugs is not located in the United States. Without limiting this Section of the Agreement, I also confirm, acknowledge and agree that all services that I receive from First Choice Drugs are being received outside of the United States.

PART 2 - DISCLOSURE AND REPRESENTATIONS

2.1 I hereby represent and confirm to First Choice Drugs, and to each of its affiliates, associates, related companies, subsidiaries and parent company and each of their respective directors, officers, shareholders, employees, contractors, subcontractors, successors and assigns and to My Agents that:

(a) My Medications were prescribed by a doctor ("My Doctor") licensed to practice medicine in the country, state or other applicable jurisdiction in which I reside, or where I sought treatment;

(b) the prescription for My Medications ("My Prescription") was lawfully obtained by me from My Doctor;

(c) I will use My Medications strictly according to the instructions provided by My Doctor, as the person for whom they were prescribed. I will not allow anyone else to use My Medications;

(d) I can make my own medical decisions according to the laws of the place where I reside;

(e) My Prescription has not been altered in any way, nor has it been filled prior to submission to First Choice Drugs. I agree to immediately destroy all copies of My Prescription once it has been filled;

(f) I am not seeking or relying on any medical information, advice or approval from First Choice Drugs or My Agents, and I have consulted a qualified physician licensed in the jurisdiction where I obtained My Prescription within the last year;

(g) I will immediately contact My Doctor in the event I suffer any unexpected side effects from any of My Medications;

(h) I understand that it is my responsibility to have regular physical examinations by my primary licensed physician that is responsible for my care, including all suggested testing, to ensure that I have no medical conditions or problems which would contraindicate me taking My Medications; and

(i) I acknowledge that First Choice Drugs and My Agents have relied and will continue to rely on the information and documentation that I am providing to them (including the Agreement, My Order, My Prescription and my Patient Profile) and I represent and confirm that I have fully and truthfully disclosed all pertinent information and documentation to First Choice Drugs. I agree to notify First Choice Drugs of any changes to my physical or medical condition by providing an updated Patient Profile. I understand that if I have provided incorrect or incomplete information to My Doctor or First Choice Drugs or My Agents, medication could be prescribed and dispensed which is harmful to my health.

PART 3 - PURCHASE AND SALE TERMS

3.1 The Dispensing Pharmacy, or its agents, will charge my credit card for the price of the medications and shipping charges as posted on the First Choice Drugs.com web site on or about the day My Order is processed and all other documentation (including the Equivalent Prescription) necessary to enable the Dispensing Pharmacy(ies) to fill My Prescription has been received. In the event my payment is not authorized, First Choice Drugs has the right to cancel My Order and attempt to provide me with notice of such cancellation.

3.2 I confirm, acknowledge and agree that:

(a) any of My Medications being purchased from a Dispensing Pharmacy will be packaged in child protective packaging if dispensed in non-manufacturer produced packaging or if required by law in the jurisdiction of the Dispensing Pharmacy.

(b) if requested by me, the Dispensing Pharmacy(ies) may substitute a brand name prescription drug with a generic prescription drug, where available, unless My Doctor indicates that there be "no substitution";

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given the address for the return depot. Any returned or exchanged medications will be destroyed in accordance with applicable laws;

(c) First Choice Drugs and My Agents reserve the right to refuse to assist me in obtaining My Order or any other order in their sole discretion, in which event I will be entitled to a refund for monies paid for such order; and

(d) neither First Choice Drugs nor My Agents provide their agency or attorney services as a substitute for healthcare or the advice of my primary care physician.

3.3 I confirm, acknowledge and agree that to the extent that my customer account and patient records can be considered to be owned by any person, same shall be owned by First Choice Drugs, and its agents.

3.4 I SPECIFICALLY CONFIRM, ACKNOWLEDGE AND AGREE THAT EACH AND EVERY ONE OF THESE TERMS AND CONDITIONS (INCLUDING, WITHOUT LIMITATION, MY CHOICE OF SELECTED COUNTRY(IES) AND DISPENSING PHARMACY(IES) WILL AUTOMATICALLY, AND WITHOUT FURTHER ACTION BY ME OR FIRST CHOICE DRUGS, APPLY TO AND GOVERN ANY FUTURE ORDERS BY ME OF MEDICATIONS FROM FIRST CHOICE DRUGS, UNLESS I SPECIFICALLY INDICATE OTHERWISE AT THE TIME OF ORDERING SUCH MEDICATIONS. WITHOUT LIMITING THE FOREGOING, EACH AUTHORIZATION AND CONSENT PROVIDED BY ME IN THIS AGREEMENT WILL CONTINUE UNTIL I CANCEL SUCH AUTHORIZATION OR CONSENT (WHICH I CAN DO AT ANY TIME).

3.5 BY PLACING MY ORDER WITH FIRST CHOICE DRUGS, I AM REPRESENTING AND WARRANTING TO FIRST CHOICE DRUGS AND MY AGENTS THAT THE SALE, DELIVERY AND SHIPMENT OF MY MEDICATIONS AND/OR OTHER PRODUCTS WHICH I REQUEST WILL NOT VIOLATE ANY IMPORT, EXPORT OR OTHER LAW OR REGULATION IN MY HOME JURISDICTION AND/OR THE JURISDICTION TO WHICH MY MEDICATIONS AND/OR SUCH PRODUCTS ARE BEING SHIPPED.