

HolisticEvaluations

Medical Cannabis Acknowledgement of Disclosures and Informed Consent

Please read and sign to indicate that you understand and agree you have been advised of the health risks of **Medical Cannabis**. By signing, you understand and agree to the information. If you have questions or do not understand what is written below, consult with the attending physician before initialing or signing this agreement. Please do not sign this agreement and do not use medical cannabis if you do not understand the following information you are receiving.

I understand that **Medical Cannabis** is a medicine used in treating the suffering caused by serious and debilitating medical conditions. Serious and debilitating medical conditions include HIV, nausea, chronic pain, glaucoma, migraines and headaches, eating disorders, seizures and muscle spasms. Additionally, medical cannabis is used in the treatment of other chronic or persistent symptoms that substantially limits, the ability of the person to conduct one or more major life activities as defined in the American with Disabilities Act of 1990 (Public law, 101–336) and if not alleviated, may cause harm to the patient safety of their physical or mental health.

I am aware that I am paying for a medical evaluation with the physician. The fee for the evaluation does not guarantee that I will receive a recommendation. If I do not qualify for a recommendation, a consultation fee of \$50 may be issued.

I understand the use of **Medical Cannabis** may affect my coordination and cognition in ways that could impair my ability to drive a vehicle, and agree not to operate heavy machinery, drive or engage, in potentially hazardous activities.

I understand side effects may occur while I am taking **Medical Cannabis** can include, but are not limited to: increased heart rate, euphoria, dysphasia, confusion, low blood pressure, dizziness in ability to concentrate, sedation, anxiety, paranoia, delusion, suppression of the body's immune system, impairment of shorter term, memory alterations in the perception of time in space, difficulty in completing complex tasks, impairment of motor skills, reaction time and physical coordination.

I understand that some patients can become dependent on Cannabis. This means they experience mild withdrawal symptoms when they stop the use of cannabis. Signals of withdrawal symptoms, while generally mild, can include: depression and sadness, irritability, restlessness, mild agitation, insomnia, loss of appetite, sleep disturbance, trouble concentrating and unusual tiredness. For some patients, chronic Cannabis use can lead to: laryngitis, bronchitis, and general apathy. Although Cannabis does not produce specific psychosis, the possibility exists that may exaggerate schizophrenia or persons predisposed to that disorder.

I am here under my own free will and of sound state of mind and have been informed of the risks associated with the use of **Medical Cannabis**.

Patient/Guardian Signature _____ Date: _____