Medical Marijuana Advisory

Arizona Law requires you to be advised of certain aspects of the Medical Marijuana Law. Please initial *each line* to show you are aware of the following:

1. \_\_\_ There are multiple forms of medical marijuana, not just smokable. Please check with a dispensary for advice on the form and formulation most beneficial for you.
2. \_\_\_ Medical Marijuana may not provide benefit to you, and may be addictive. However, there may be a significant difference in the quality, strength and benefit of different strains of medical marijuana. If one strain is not effective, please check with the dispensary for another.
3. \_\_\_ You may be impaired when using medical marijuana. Do not use or operate equipment that may be misused if you are impaired, such as:

a.\_\_\_ Automobiles, boats, airplanes, fork-lifts; Firearms; Dangerous chemicals or explosives

b.\_\_\_ You can be charged with “Driving Under the Influence” if marijuana is detected in your system.

1. \_\_\_ You are limited to possession of not more than 2.5 ounces of medical marijuana. Possession of greater amounts is a felony.
2. \_\_\_ You are HIGHLY restricted in the locations of use of medical marijuana: It is best to use it only at HOME.
   1. \_\_\_ It is unlawful, even with Medical Marijuana Certification, to use marijuana in any public place, such as restaurants, bars, parks, schools, stores, malls, sporting events, hospitals, clinics, and any form of public transportation, including school buses.
   2. \_\_\_ Owners of public establishments may establish policies to allow or prohibit the use of medical marijuana.
   3. \_\_\_ Employers may prohibit use or possession of medical marijuana at work.
3. \_\_\_ Cultivating medical marijuana is restricted to qualifying persons or caregivers who live more than 25 miles from a dispensary.
4. \_\_\_ The federal government has classified Marijuana as a Schedule I Controlled Substance, and prohibits its use or possession.
5. \_\_\_ You may not obtain or renew a Commercial Driver’s License (CDL) if you use medical marijuana.
6. \_\_\_ You may not be able to purchase a firearm from a licensed dealer if you use medical marijuana.
7. \_\_\_ Marijuana is not approved by the U.S. FDA and no standards exist for cultivation. Marijuana may contain contaminants or impurities which may be harmful.
8. \_\_\_ The use of marijuana, particularly if it contains THC (the component that gives users a “high”) may affect coordination, motor skills, judgement and reason.
9. \_\_\_ Potential side effects of marijuana use may include dizziness, anxiety, confusion, sedation, memory impairment, loss or concentration, apathy, and more. Marijuana may make schizophrenia worse in some patients.
10. \_\_\_ You should avoid use of alcohol with medical marijuana.
11. \_\_\_ Patients with respiratory problems, especially emphysema, chronic bronchitis, and COPD should NEVER smoke any product.
12. \_\_\_ Nursing or pregnant women should discuss the risks of marijuana use on their children.

Marijuana is more correctly named Cannabis. Its use as a pain reliever has been well-documented for hundreds of years. In fact, until about 1937, every drug store in the U.S. sold a cannabis pain-reliever without a prescription.

There are approximately 60 active ingredients in Cannabis. Of these only THC is known to have psychogenic effects (give you a “buzz”). This has only a very limited effect in controlling or reducing pain. **CBD derived from a whole plant is most often associated with pain relief.**

If you are seeking medical marijuana for relief of severe and chronic pain, please ask at the dispensary for products that have high levels of CBD. These may include any of the following:

* Tinctures
* Topical Lotions/Oils
* Edibles, and other non-smokable forms.

Please be advised there are continuing legal battles over marijuana. Having a card does not guarantee that you will not be prosecuted.

Consent: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand this Advisory

(Print your name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Patient Date