

# Medical Marijuana Contract Physician-Patient

This is an agreement between \_\_\_\_\_ and Dr. John L. Behm concerning the use of marijuana for the treatment of \_\_\_\_\_.

I request treatment of my condition with marijuana.

I understand that insurance does not cover the certification or recertification of medical marijuana.

As a result of the use of medical marijuana, I expect that I may become more functional and improve my quality of life. I have been treated with other therapies for my condition, which have not provided adequate relief of my symptoms.

I understand that marijuana is a strong drug and that there is insufficient scientific evidence to confirm its use for clinical purposes. There is also insufficient evidence on the clinical risks and benefits of this drug, including the improper dosage to be used for various medical conditions and symptoms, and the potential interaction between this drug and other medications. As such, I understand my physicians may not be knowledgeable about all the risks associated with marijuana use.

## Risks and Side Effects

The known risks and side effects of taking marijuana include, but are not limited to: facial flushing, red eyes, dry mouth, drowsiness, sedation, dizziness, fainting, clumsiness, confusion, fuzzy thinking, impaired attention, impaired concentration, impaired short term memory, agitation, anxiety, paranoid, delusions, hallucinations, amnesia, fast or slow heartbeat.

When I first start taking marijuana, I may experience the adverse mood reactions noted above.

With long term use of marijuana, the effects on attention, concentration, and short term memory may worsen and can persist after I stop using marijuana.

If I smoke marijuana in any form, I may develop a cough and/or wheeze which may persist with long term use and may result in lung damage.

I understand that some side effects of marijuana are made worse when used with other medication; for example drowsiness, sedation and dizziness are worse when marijuana are used with sleeping medication, tranquilizers, pain medications, antihistamines and seizure medications to name a few.

I understand it is my responsibility to inform my physician of any and all side effects I have with this medication.

I understand that if I am pregnant or become pregnant while taking marijuana, my child may acquire behavioral and attention problems as a result of prenatal exposure to marijuana, as well as other unknown complications. It is believed there is also an increased risk of sudden infant death syndrome in babies born to mothers using marijuana in pregnancy.

### Authorization

I agree to take marijuana as directed by the pharmacist at a state certified dispensary.

I agree to only obtain medical marijuana from a state approved dispensary.

I agree not to take any pain medications or mind-altering medications other than those prescribed to me by my physician

I agree not to drink alcohol or take other mood-altering drugs (tranquilizers, sleeping pills, other mood stabilizers) unless they are prescribed to me by my physician. I understand that using marijuana with other drugs may lead to an overdose.

I agree to tell my physician all medications I am taking including over the counter drugs, herbs, vitamins, etc.

### Legal Implications

*I understand that I must not drive a motor vehicle (including all terrain vehicles, snowmobiles, boats etc) or operate machinery that could put my life or someone else's life in danger while using medical marijuana. If I drive while using marijuana, I can be charged with Impaired Driving. If I am charged with impaired driving, while using marijuana, I agree that Dr. John L. Behm is not to blame and will not be named in any resulting legal action. I accept full responsibility for any and all risks associated with the use of marijuana.*

I agree not to use any illegal drugs with my marijuana, including cocaine, crack, amphetamines (speed, crystal met, ecstasy) and hallucinogens (LSD, mushrooms, PCP) etc

### Monitoring

I agree to submit to witnessed urine/saliva or blood specimens at any time that my physician requests and give my permission for them to be tested for alcohol and other drugs.

I agree to make appointments with my physician one month after initial certification for a follow up and at the time of renewal of my medical marijuana certification.

I agree to attend all appointments that my doctor makes for me for tests, assessments and treatment with other healthcare workers, such as pharmacists, other doctors, physiotherapists, psychologists, addiction counsellors, etc. I consent to open communication between my doctor and any other healthcare professional involved in my healthcare.

## Termination of Medical Marijuana Certification

I agree to attend all requested follow up visits with my doctor to monitor my marijuana use and I understand failure to do so could result in the discontinuation of my marijuana treatment.

I understand that my certification may be revoked if my condition has resolved or the treatment is ineffective.

I understand there is a risk of becoming dependent on marijuana. I may be unable to control my use of it. People with past history of alcohol or drug problems are more susceptible to addiction. If this occurs, my marijuana prescription will be discontinued and I may be referred to a drug treatment program for help with this problem.

I understand that violent behavior or treatment toward my physician, the staff or other patients is illegal and is not allowed. If this happens, my physician may stop prescribing medical marijuana to me. I may be asked to leave the office, and the police will be called. (In addition, my physician may decide to stop providing medical care to me.)

If I violate this agreement, I understand that my certifying physician may discontinue my marijuana treatment and may stop providing medical care altogether for me.

## Fees

Initial Consultation - \$200, Random Drug Screen - \$50, Yearly Renewal - \$100, Follow Up Visits - \$100

I have read the above agreement and understand it. I have had the opportunity to ask any questions I have regarding medical marijuana and its use, in particular to my health condition. My concerns and questions have been addressed to my satisfaction by my physician.

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Prescribers Signature: \_\_\_\_\_

Date: \_\_\_\_\_