

# URB'N Dispensary

## Medical Cannabis Acknowledgement of Disclosure and Informed Consent

Please read each item below and initial in the space provided to indicate that you understand and agree with the information regarding the risks and side effects of using cannabis medicines. Do not sign this agreement and do not use medical cannabis if you have questions about or do not understand the information you have received. Please tell the dispensary pharmacist at URB'N Dispensary if you do not understand any of the information provided.

Patient's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

### Warnings

1. Possession or use of this product may be unlawful outside of the State of NJ.
2. Cannabis-based medicine may have intoxicating effects and has not been analyzed or approved by the United States Food and Drug Administration and was produced without FDA oversight for health, safety, or efficacy. Medical cannabis may contain unknown quantities of actives ingredients, impurities or contaminants.
3. The efficacy and potency of cannabis may vary widely depending on the cannabis strain and ingestion method.
4. If cannabis is smoked or vaporized: Smoking may be hazardous to your health. Cannabis smoke contains carcinogens and can lead to an increased risk for cancer, tachycardia, hypertension, heart attack, birth defects, brain damage, and lung disease.
5. If cannabis is eaten or swallowed: This product has been infused with cannabis or active compounds of cannabis. When eaten or swallowed, the intoxicating effects of this drug may be delayed by two or three hours or more.
6. There is limited information on the side effects of using medical cannabis, and there may be associated health risks.
7. Side effects of medical cannabis can include, but are not limited to:

Memory loss

Irregular heartbeat

Slower reaction time /inability to concentrate

Poor physical condition

Cough/bronchitis/shortness of breath

Dizziness

Impaired vision

Drowsiness/fatigue/abnormal sleep

Depression

Laryngitis

Low blood pressure

Impairment of motor skills

- o Anxiety/Nervousness
- o Suppression of immune system
- o Dependency
- o Feelings of euphoria
- o Numbness
- o Paranoia/psychotic symptoms
- o Dry mouth
- o Hunger/Loss of appetite
- o Confusion
- o Headache/nausea/vomiting
- o Agitation
- o Sedation

8. Symptoms of cannabis overdose include but are not limited to nausea, vomiting and disturbances to heart rhythm.
9. For some patients, chronic cannabis usage can lead to laryngitis, bronchitis and general apathy.
10. The scientific basis for the medical use of cannabis is not complete. There is little known regarding how cannabis may, or may not, react with other pharmaceutical or herbal medications.
11. Some patients can become dependent on cannabis. This means they experience withdrawal symptoms when they stop using cannabis. Signs of withdrawal symptoms can include feelings of depression, sadness or irritability, restlessness or mild agitation, insomnia, sleep disturbance, unusual tiredness, trouble concentrating, and loss of appetite.
12. Some users develop a tolerance to cannabis. This means higher and higher doses are required to achieve the same symptom relief.
13. The possibility exists that cannabis may exacerbate schizophrenia in persons predisposed to that disorder.
14. Women should not consume cannabis products while planning to become pregnant, during pregnancy, or while breast feeding, except on the advice of the certifying health practitioner, and in the case of breast feeding mothers, on the advice of the infant's pediatrician. Using cannabis while under the influence of alcohol is not recommended.
15. The use of cannabis may affect coordination, cognition, and judgment. While under the influence of cannabis, do not to drive, operate machinery, or engage in potentially hazardous activities.
16. Please note that medical cannabis will degrade over time. Keep out of reach of children and pets.

## Medical Cannabis Patient Agreement

I am over 18 years of age and I am registered with and understand the requirements of the State of New Jersey's medical cannabis program. I have read and understand the foregoing disclosures and have initialed next to each to acknowledge this understanding. \_\_\_\_\_

I have been further advised that cannabis smoke contains chemicals known as tars that may be harmful to my health. \_\_\_\_\_

I understand that side effects may occur while I am taking cannabis medicines. \_\_\_\_\_

In the event that I experience an adverse reaction, I am advised to contact my medical professional. In the event my medical professional is not available, I agree to call 911 for help and I am advised to lie down, relax, and rest until help arrives. \_\_\_\_\_

I have never had symptoms of schizophrenia, been psychotic, or attempted suicide; I have never taken medicines for any of these problems. \_\_\_\_\_

I agree to tell my medical professional if I have ever had symptoms of schizophrenia, been psychotic or attempted suicide. I also agree to tell my medical professional if I have ever been prescribed or taken medicine for any of these problems. \_\_\_\_\_

I understand that my medical professional does not suggest nor condone that I cease treatment of medications that stabilize my mental or physical condition. \_\_\_\_\_

I am not pregnant or intending on becoming pregnant. \_\_\_\_\_

If I start taking medical cannabis, I agree to tell my medical professional if I experience (any one or more of the following):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Start to feel sad or have crying spells | <input type="checkbox"/> Lose my appetite                         | <input type="checkbox"/> Become unusually tired |
| <input type="checkbox"/> Lose interest in my usual activities    | <input type="checkbox"/> Have changes in my normal sleep patterns |   |
| <input type="checkbox"/> Become more irritable than usual        | <input type="checkbox"/> Withdraw from family and friends         | _____   |

**Release of Liability**

I hereby acknowledge URB’N Dispensary and its employees are not addressing specific aspects of my medical care nor are any of them my primary care provider. Furthermore, I, for myself, my heirs, assigns, or anyone acting on my behalf, hold URB’N Dispensary and its principals, agents, and employees free of and harmless from any responsibility for any harm resulting to me and/or other individuals as a result of my cannabis use. \_\_\_\_\_

I certify that I fully understand the potential risks and side effects related to the use of cannabis as described above. \_\_\_\_\_

In using cannabis for medicinal use, I fully accept responsibility and assume the risks and side effects associated with its use. \_\_\_\_\_

I agree that URB’N Dispensary and employees shall not be held responsible for any harm resulting to me and/or any other individual(s) as a result of my medicinal usage of cannabis. \_\_\_\_\_

I certify that I have read this document and declare under penalties of perjury that the information contained herein is true, correct and complete. \_\_\_\_\_

Patient’s Signature \_\_\_\_\_ Date \_\_\_\_\_

## Patient self-assessment form with pain scale

Patient name: \_\_\_\_\_

DOB \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Medicinal Cannabis Physician: \_\_\_\_\_

List of Qualifying Conditions: *Circle all that apply*

- Amyotrophic lateral sclerosis
- Anxiety
- Cancer
- Chronic Pain
- Dysmenorrhea
- Glaucoma
- Inflammatory bowel disease; including Crohn's disease
- Intractable skeletal muscular spasticity
- Migraine
- Multiple sclerosis
- Muscular dystrophy
- Opioid Use Disorder
- Positive status for HIV and AIDS
- Post-Traumatic Stress Syndrome (PTSD)
- Seizure disorder, including epilepsy
- Terminal illness with prognosis of less than 12 months to live
- Tourette Syndrome



### Pain Scale

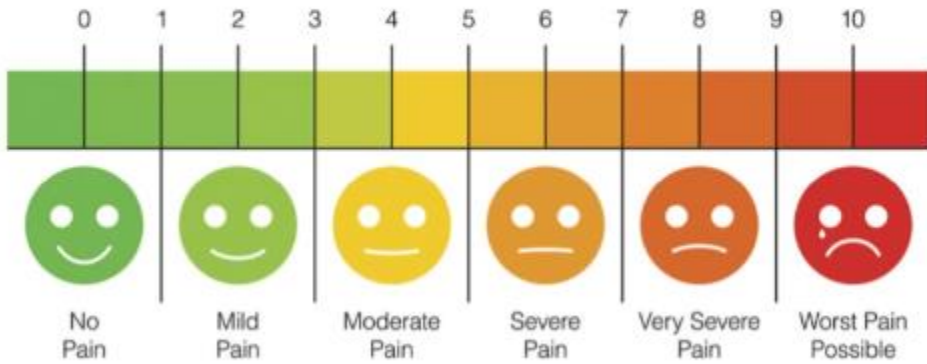
Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_

Is this your first time at Urb'n Dispensary? Yes No

Please circle the number that best represents pain and discomfort you are experiencing:

\_\_\_\_\_

## PAIN SCALE



Patient signature \_\_\_\_\_ Date \_\_\_\_\_



### **Patient and Caregiver Guidelines**

- Patients and caregivers should always carry proper identification, including MCP cards, at all times.
- Medicinal cannabis always should be maintained in its original labeled packaging.
- Patients should keep medicinal cannabis at their residence and only transport it when absolutely necessary. Understand that the smell of burning or raw cannabis outside a home will attract law enforcement attention.
- If transporting or possessing medicinal cannabis outside their residence, patients and caregivers should keep the amount in their possession to a minimum and, as stated above, always should be maintained in its original packaging.
- Patients and caregivers are not allowed to share, or in any other way re-distribute medicinal cannabis to any other person. Medicinal cannabis is intended solely for the consumption of the patient.
- Patients may possess paraphernalia, but only for the purpose of consuming medicinal cannabis.
- Patients and caregivers may not grow or cultivate cannabis, or be in possession of a cannabis plant.
- Patients and caregivers may not possess cannabis obtained from a source other than a New Jersey ATC.
- Patients may not operate a motorized vehicle (of any sort), aircraft, railroad train, stationary heavy equipment or a vessel while under the influence of medicinal cannabis.
- Patients are encouraged to use medicinal cannabis only in their residence.
- Patients may not smoke medicinal cannabis in a school bus, on public transportation, or in a private vehicle while in motion. Additionally, patients may not smoke medicinal cannabis on any school grounds or at any correctional facility, Public Park, beach, recreation center, or other place where smoking is prohibited.
- Patients and caregivers may not take medicinal cannabis across state lines.
- Patients or a primary caregiver in possession of unwanted cannabis shall dispose of the cannabis by returning it to an alternative treatment center. The person returning the cannabis for disposal should present a valid registry identification card, a New Jersey driver's license or other State-issued photo identification to the ATC or the police.
- All patients and caregivers should be cooperative and truthful at all times with law enforcement; to the extent they encounter them while in possession of medicinal cannabis or paraphernalia.

Signature \_\_\_\_\_

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