



Kentucky Medical Cannabis Certificates, LLC

501 Darby Creek Road, Unit 58
Lexington, KY 40509
spenser@kymedcannabiscert.com

PATIENT ACKNOWLEDGEMENT

I understand that the information I have been asked to provide is for the evaluation of my medical condition and to determine if it is a qualifying medical condition approved under the Kentucky Medical Cannabis Program. I also understand if I have not accurately and completely disclosed the requested information, it may adversely impact the provider's ability to diagnose my condition and/or determine whether I qualify for medical cannabis per Kentucky state law.

I certify: **[initial each item]**

	I certify that the information I am providing is accurate and complete and has been offered only for the purpose of determining if I have a qualifying medical condition.
	I certify that my condition is chronic and debilitating to my quality of life.
	I certify that I am not seeking marijuana for illegal purposes.
	I certify that I have never been convicted of a Felony.

I understand: **[initial each item]**

	The medical provider, staff, or representatives of Kentucky Medical Cannabis Certificates, LLC are neither providing, recommending, dispensing, nor encouraging me to obtain medical marijuana.
	The medical provider, staff, and representatives of Kentucky Medical Cannabis Certificates, LLC are addressing specific questions regarding my qualification for entry into the Kentucky Medical Cannabis program, and unless otherwise stated, are in no way establishing themselves as my medical provider beyond the requested evaluation/consultation. All patients should follow up with their primary care provider or mental health provider as appropriate.
	Kentucky Medical Cannabis Certificates, LLC recommends that all patients follow the advice of their primary care provider and/or mental health provider as appropriate.
	Should an approval be made for my medicinal use of cannabis, there is a renewal date specified by the state. It is my responsibility to see the medical provider to assess the possible continuance of cannabis use beyond the term of approval.
	I acknowledge that I am a resident of Kentucky, I am at least 18 years of age, and have not misrepresented any information to Kentucky Medical Cannabis Certificates, LLC or if I am under 18, my Legal Guardian of the Patient, is completing the required documentation.
	I acknowledge that I have voluntarily sought an evaluation from Kentucky Medical Cannabis Certificates, LLC and am in no way being coerced to do so.
	I acknowledge that the evaluation does not ensure a medical cannabis card and if a denial is issued, I am not entitled to a refund for the required evaluation.
	I acknowledge the federal government has classified marijuana as a Schedule 1 controlled substance. Schedule 1 substances are defined, in part, as having 1. a



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	high potential for abuse; 2. no currently accepted medical use in treatment in the United States; and 3. a lack of accepted safety for use under medical supervision. Federal law prohibits the manufacture, distribution, and possession of marijuana even in states, such as Kentucky, which have modified their state laws to treat marijuana as a medicine.
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Printed Name:

Patient Signature: Date:



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INFORMED CONSENT AND RELEASE FROM LIABILITY

I am being evaluated for a medical provider's qualification for admission into the Kentucky Medical Cannabis Program. The medical provider will make this qualification based, in part, on the medical information I have provided. I have not misrepresented my medical condition to obtain a qualification, and it is my intent to use marijuana only as needed for the treatment of my medical condition, not for recreational or non-medical purposes. I understand that it is my responsibility to be informed regarding state and federal laws regarding the possession, use sale/purchase, and/or distribution of marijuana.

I have been informed of and understand the following: **[Initial each item]**

	Marijuana has not been approved by the FDA for marketing as a drug. Therefore the "manufacture" of marijuana for medical use is not subject to any standards, quality control, or other oversight. Marijuana may contain unknown quantities of active ingredients, impurities, contaminants, and substances in addition to THC, which is the primary psychoactive chemical component of marijuana.
	The use of marijuana can affect coordination, motor skills, and cognition, such as the ability to think, judge, and reason. While using marijuana, I should not drive, operate heavy machinery or engage in any activities that require me to be alert and/or respond quickly. I understand that if I drive while under the influence of marijuana, I can be arrested for "driving under the influence."
	Potential SIDE EFFECTS from the use of marijuana include, but are not limited to, the following: dizziness, anxiety, confusion, cough, bronchitis, lung problems, sedation, low blood pressure, impairment of short term memory, euphoria, nausea and vomiting (hyperemesis syndrome), difficulty in completing complex tasks, suppression of the body's immune system, inability to concentrate, impaired motor skills, paranoia, psychotic symptoms, general apathy, depression, and or/restlessness. Marijuana may exacerbate schizophrenia. In addition, the use of marijuana may increase eating, alter my perception of time and space, and impair my judgement.
	I understand that using marijuana while under the influence of alcohol, opioids/opiates, sedatives, or illicit drugs is not recommended. Additional side effects may become present when using both alcohol, opioids/opiates, sedatives, and illicit drugs with marijuana.
	I agree to contact a medical provider or the emergency department if I experience any of the side effects listed above, or if I become depressed or psychotic, have suicidal thoughts, or experience crying spells. I will also contact a medical provider or the emergency department if I experience respiratory problems,



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	changes in my normal sleeping patterns, extreme fatigue, increased irritability, or begin to withdraw from my family and/or friends.
	The risks, benefits, and drug interactions of marijuana are not fully understood. If I am taking medication or undergoing treatment for any medical condition, I understand that I should consult with my primary medical or mental health provider before using marijuana and that I should not discontinue any medication or treatment previously prescribed unless advised to do so by the treating medical provider.
	Individuals may develop a tolerance to, and/or dependence on, marijuana. I understand that if I require increasingly higher doses to achieve the same benefit, I could be developing a dependency on marijuana and should seek medical assistance.
	Signs of withdrawal can include feelings of depression, sadness, irritability, insomnia, restlessness, agitation, loss of appetite, trouble concentrating, sleep disturbances and unusual tiredness.
	Symptoms of marijuana overdose include, but are not limited to, nausea, vomiting, hacking cough, disturbances in heart rhythms, numbness in hands, feet, arms or legs, anxiety attacks, and incapacitation. If I experience these symptoms, I agree to go to the nearest emergency room.
	If Kentucky Medical Cannabis Certificates, LLC subsequently learns that the information I have furnished is false or misleading, the qualification for marijuana may no longer be valid. I agree to promptly meet with Kentucky Medical Cannabis Certificates, LLC and/or provide additional information in the event of any inaccuracies or misstatements in the information I have provided.
	I have had the opportunity to discuss these matters with the medical provider and to ask questions regarding anything I may not understand or that I believe needed to be clarified.
	I acknowledge that the provider informed me of the nature of the treatment of my medical condition, including but not limited to, voluntary treatment using medical marijuana. The provider also informed me of the risks, complications, expected benefits of medical cannabis, including its likelihood of success and failure. I acknowledge the medical provider informed me of any alternative treatment options including the alternative of no treatment, and the risks and benefits.

Furthermore, I, the undersigned (including my heirs, or anyone acting on my behalf), hold Kentucky Medical Cannabis Certificates LLC, the medical provider and his/her principals, agents, employees and management, harmless and release them from any liability resulting in any way whatsoever



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from my use of marijuana. This release of liability includes, but is not limited to, any bodily or psychological injury, whether known or unknown, as well as legal and/or employment problems resulting from my use of marijuana.

Printed Name:

Patient Signature:

Date: