

HOLISTIC EVALUATIONS

11201 Kent-Kangley Rd. Suite 101
Kent, WA. 98030
(206)303-0246

Medical Marijuana Acknowledgment 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 Marijuana**. 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 Marijuana if you do not understand the following information you are receiving.

I understand that **Medical Marijuana** 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 Marijuana 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's 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 refund will not be issued.

I understand that the use of **Medical Marijuana** 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 Marijuana** can include but are not limited to; increased heart rate, euphoria, dysphasia, confusion, low blood pressure, dizziness, inability to concentrate, sedation, anxiety, paranoia, delusion, suppression of the body's immune system, impairment of shorter term memory, alterations in the perception of time and space, difficulty in completing complex tasks, impairment of motor skills, reaction time and physical coordination.

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

Patient Signature: _____ Date: _____