

INFORMED PATIENT CONSENT LOW-THC CANNABIS & MEDICAL CANNABIS

I _____ (your printed name) am being evaluated for a physician's recommendation for medicinal use of Low-THC Cannabis or Medical Cannabis. The physician will make this recommendation based, in part, on the medical information I have provided. I have not misrepresented my medical condition in order to obtain this recommendation and it is my intent to use Low-THC Cannabis or Medical Cannabis 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 Low-THC Cannabis or Medical Cannabis. I have been informed of and understand the following:

In the State of Florida, Section 381.986, F.S. requires physicians obtain voluntary, written informed consent from the patient, or the patient's legal representative, to treatment with Low-THC Cannabis. For terminal patients ordered cannabis pursuant to Section 381.96, F.S. and Section 499.0295, F.S., Florida law requires physicians to obtain written informed consent as defined in Section 499.0295, F.S. from the patient, or the patient's legal representative, to begin treatment with Medical Cannabis.

Please initial each item:

____ I understand the current state of knowledge in the medical community of the effectiveness of treatment of a patient's condition with Low-THC Cannabis or Medical Cannabis.

____ The federal government has classified marijuana as a Schedule I controlled substance. Schedule I substances are defined, in part, as having (1) a 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 even with medical supervision. Federal law prohibits the manufacture, distribution and possession of Low-THC Cannabis or Medical Cannabis even in states, such as Florida, which have modified their state laws to treat marijuana as a medicine.

____ Low-THC Cannabis or Medical Cannabis has not been approved by the Food and Drug Administration for marketing as a drug. Therefore, the "manufacture" of Low-THC Cannabis or Medical Cannabis for medical use is not subject to any standards, quality control, or other oversight. Low-THC Cannabis or Medical Cannabis may contain unknown quantities of active ingredients (i.e., can vary in potency), impurities, contaminants, and substances in addition to THC, which is the primary psychoactive chemical component of marijuana.

____ I understand the identification of the specific investigational drug, biological product or device that I am seeking to use.

____ The use of Low-THC Cannabis or Medical Cannabis can affect coordination, motor skills and cognition, i.e., the ability to think, judge and reason. While using Low-THC Cannabis or Medical Cannabis, 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 Low-THC Cannabis or Medical Cannabis, I can be arrested for "driving under the influence."

____ I received a realistic description of the most likely outcomes of using the investigational drug, biological product, or device. The description included the possibility that new, unanticipated, different, or worse symptoms might result and death could be hastened by the proposed treatment. The description was based on the physician's knowledge of the proposed treatment for my terminal condition.

____ I understand that using Low-THC Cannabis or Medical Cannabis while under the influence of alcohol is not recommended. Additional side effects may become present when using both alcohol and Low-THC Cannabis or Medical Cannabis.

____ Potential side effects from the use of Low-THC Cannabis or Medical Cannabis include, but are not limited to, the following: dizziness, anxiety, confusion, sedation, low blood pressure, impairment of short term memory, euphoria, 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. Low-THC Cannabis or Medical Cannabis may exacerbate schizophrenia in persons predisposed to that disorder. In addition, the use of Low-THC Cannabis or Medical Cannabis may cause me to talk or eat in excess, alter my perception of time and space and impair my judgment. Many medical authorities claim that use of cannabis, especially by persons younger than 25, can result in long-term problems with attention, memory, learning, a tendency to drug abuse, and schizophrenia. Cannabis use is only for the relief of serious symptoms, and not for habitual use.

____ I agree to contact my physician 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 my physician if I experience respiratory problems, 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 Low-THC Cannabis or Medical Cannabis are not fully understood. If I am taking medication or undergoing treatment for any medical condition, I understand that I should consult with my treating physician(s) before using marijuana and that I should not discontinue any medication or treatment previously prescribed unless advised to do so by the treating physician(s).

____ I understand there are other medical acceptable alternatives and also understand the potential risks and side effects of utilizing Low-THC Cannabis or Medical Cannabis.

____ I received an explanation of the currently approved products and treatments for my condition.

____ I concur with my physician in believing that all currently approved products and treatments are unlikely to prolong life.

____ Individuals may develop a tolerance to, and/or dependence on, Low-THC Cannabis or Medical Cannabis. I understand that if I require increasingly higher doses to achieve the same benefit or if I think that I may be developing a dependency on Low-THC Cannabis or Medical Cannabis, I should contact my physician.

____ 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 Low-THC Cannabis or Medical Cannabis overdose include, but are not limited to, nausea, vomiting, hacking cough, disturbances in heart rhythms, numbness in the hands, feet, arms or legs, anxiety attacks and incapacitation. If I experience these symptoms, I agree to go to the nearest emergency room.

____ I understand that my eligibility for hospice care may be withdrawn if I begin treatment with the investigational drug, biological product, or device and that hospice care may be reinstated if the treatment ends and I then meet hospice eligibility requirements.

____ If my physician subsequently learns that the information I have furnished is false or misleading, the recommendation for Low-THC Cannabis or Medical Cannabis may no longer be valid. I agree to promptly meet with my physician and/or provide additional information in the event of any inaccuracies or misstatements in the information I have provided.

____ When under the influence and/or in possession of Low-THC Cannabis or Medical Cannabis in public, a copy of your recommendation should be on you at all times.

____ In order to stay in compliance with the State of Florida's regulations, it is required that you return to your recommending physician for a review of your medical condition and an update of your recommendation every 45 days.



_____ I have had the opportunity to discuss these matters with the physician and to ask questions regarding anything I may not understand or that I believe needed to be clarified. I acknowledge that my physician has informed me of the nature of a recommended treatment, including but not limited to, any recommendation regarding Low-THC Cannabis or Medical Cannabis. My physician has also informed me of the risks, complications and potential benefits of any recommended treatment, including its likelihood of success and failure. I acknowledge that my physician informed me of any alternatives to the recommended treatment, including the alternative of no treatment, and the risks and benefits.

_____ I understand that my health plan or third-party administrator and physician are not obligated to pay for care or treatment consequent to the use of the investigational drug, biological product, or device unless required to do so by law or contract.

_____ I understand I am liable for all expenses consequent to the use of the investigational drug, biological product, or device and that liability extends to my estate, unless a contract between myself and the manufacturer of the investigational drug, biological product, or device states otherwise.

_____ **Patients giving any dishonest or untruthful information will be discharged.**

Patient Signature: _____

Patient Printed Name: _____

Date: _____

Disclaimer: This information has been prepared by the American Medical Marijuana Physicians Association and is offered as a courtesy to our Members. It does not constitute legal advice and is not to be acted on as such. The information referenced in the form may not represent current law and the American Medical Marijuana Physicians Association strongly encourages its Members to seek the advice of legal counsel before using this or any form provided by the American Medical Marijuana Physicians Association in a medical practice.