

FOLLOW UP AND RECERTIFICATION VISIT QUESTIONNAIRE

1. NAME: _____ DOB: _____ DATE: _____

2. LIST ALL CHANGES TO YOUR MEDICATIONS SINCE YOUR LAST VISIT: _____ NONE _____

3. LIST ALL NEW PHYSICIANS THAT YOU ARE SEEING SINCE YOUR LAST VISIT: _____ NONE _____

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

4. LIST ALL ADDITIONAL PROCEDURES THAT YOU HAD SINCE YOUR LAST VISIT: _____ NONE _____

5. PLEASE LIST THE CANNABIS PRODUCT(S) THAT YOU USED AND DESCRIBE YOUR EXPERIENCE(S):

Products purchased and tried (product/route)	Did they help to achieve your goals	Side effects or unwanted effects	Effects on your other medications
A.			
B.			
C.			
D.			

6. If goals were achieved or you had unintended benefits, please describe how cannabis helped: _____

7. If your goals were not achieved, did you increase your dose? ____ Yes ____ No

8. How did you address any unwanted effects: _____

9. Did you respond better to any particular route of administration? If so, how? _____

10. How has medical marijuana affected your:

a) Pain Levels: Before Use (Circle one) Low 1 2 3 4 5 6 7 8 9 10 High NA ____

After Use (Circle one) Low 1 2 3 4 5 6 7 8 9 10 High

b) Anxiety Levels: Before Use (Circle one) Low 1 2 3 4 5 6 7 8 9 10 High NA ____

After Use (Circle one) Low 1 2 3 4 5 6 7 8 9 10 High

c) Depression Levels: Before Use (Circle one) Low 1 2 3 4 5 6 7 8 9 10 High NA ____

After Use (Circle one) Low 1 2 3 4 5 6 7 8 9 10 High

Medical Marijuana Consent Form

A qualified physician may not delegate the responsibility of obtaining written informed consent to another person. The qualified patient or the patient's parent or legal guardian if the patient is a minor must initial each section of this consent form to indicate that the physician explained the information and, along with the qualifying physician, must sign and date the informed consent form.

This consent form contains three parts. Part A must be completed by all patients. Part B is for patients under the age of 18, who have a terminal condition, when the medical marijuana is being ordered in a smokable form. Part C is the signature block and must be completed by all patients.

Part A: Must be completed for all medical marijuana patients – please initial each highlighted blank

- a. The Federal Government's classification of marijuana as a Schedule I controlled Substance.

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 under medical supervision. Federal law prohibits the manufacture, distribution and possession of marijuana, even in states such as Florida, which have modified their state laws to treat marijuana as a medicine.

When in the possession or under the influence of medical marijuana, the patient or the patient's caregiver must have his or her medical marijuana use registry identification card in his or her possession at all times.

- b. The approval and oversight status of marijuana by the Food and Drug Administration.

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

- c. The potential for addiction.

Some studies suggest that the use of marijuana by individuals may lead to a tolerance to, dependence on, or addiction to marijuana. I understand that if I require increasingly higher doses to achieve the same benefit or if I think I may be developing a dependency on marijuana, I should contact my doctor.

- d. The potential effect that marijuana may have on a patient's coordination, motor skills, and cognition, including a warning against operating heavy machinery, operating a motor vehicle, or engaging in activities that require a person to be alert or respond quickly.

The use of marijuana can affect coordination, motor skills, and cognition, i.e., the ability to think, judge and reason. Driving under the influence of cannabis can double the risk of crashing, which escalates if alcohol is also influencing the driver. While using medical marijuana, I should not drive, operate heavy machinery or engage in any activities that require me to be alert and/or respond quickly and I should not participate in activities that may be dangerous to myself or others. I understand that if I drive while under the influence of marijuana, I can be arrested for "driving under the influence".

e. The potential side effects of medical marijuana use.

Potential side effects from the use of marijuana 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, may affect the production of sex hormones that lead to adverse effects, inability to concentrate, impaired motor skills, paranoia, psychotic symptoms, general apathy, depression and/or restlessness. Marijuana may exacerbate schizophrenia in persons predisposed to that disorder. In addition, the use of medical marijuana 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 medical marijuana, especially by persons younger than 25, can result in long term problems with attention, memory, learning, drug abuse, and schizophrenia.

There is substantial evidence of a statistical association between long-term cannabis smoking and worsening respiratory symptoms and more frequent chronic bronchitis episodes. Smoking marijuana is associated with large airway inflammation, increasing airway resistance, and lung hyperinflation. Smoking cannabis, much like smoking tobacco, can induce levels of volatile chemicals and tar in the lungs that may raise concerns about the risk of cancer and lung disease.

I understand that using marijuana while consuming alcohol is not recommended. Additional side effects may become present when using both alcohol and marijuana.

I agree to contact my doctor 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 doctor 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.

f. The risks, benefits, and drug interactions of marijuana.

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 the hands, feet, arms or legs, anxiety attacks and incapacitation. If I experience these symptoms, I agree to contact my doctor immediately or go to the nearest emergency room.

Numerous drugs are known to interact with marijuana and not all drug interactions are known. Some mixtures of medications can lead to serious and even fatal consequences. I agree to follow the directions of my doctor regarding the use of prescription and non-prescription medication. I will advise any other of my treating physician(s) of my use of medical marijuana.

Marijuana may increase the risk of bleeding, low blood pressure, elevated blood sugar, liver enzymes, and other bodily systems when taken with herbs and supplements. I agree to contact my doctor immediately or go to the nearest emergency room if these symptoms occur.

I understand that medical marijuana may have serious risks and may cause low birth weight or other abnormalities in babies. I will advise my doctor if I become pregnant, try to get pregnant, or will be breastfeeding.

g. The current state of research on the efficacy of marijuana to treat the qualifying conditions set forth in this section.

Cancer

- There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancers, including glioma. There is evidence to suggest that cannabinoids (and the endocannabinoid system more generally) may play a role in the cancer regulation process. Due to a lack of recent, high quality reviews, a research gap exists concerning the effectiveness of cannabis or cannabinoids in treating cancer in general.
- There is conclusive evidence that oral cannabinoids are effective anti-emetics in the treatment of chemotherapy-induced nausea and vomiting. There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancer associated anorexia cachexia syndrome and anorexia nervosa.

Epilepsy

- There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for epilepsy. Recent systematic reviews were unable to identify any randomized controlled trials evaluation the efficacy of cannabinoids for the treatment of epilepsy. Currently available clinical data therefore consist solely of uncontrolled case series, which do not provide high-quality evidence of efficacy. Randomized trials of the efficacy of cannabidiol for different forms of epilepsy have been completed and await publication.

Glaucoma

- There is limited evidence that cannabinoids are an ineffective treatment for improving intraocular pressure associated with glaucoma. Lower intraocular pressure is a key target for glaucoma treatments. Non-randomized studies in healthy volunteers and glaucoma patients have shown short-term reductions in intraocular pressure with oral, topical eye drops, and intravenous cannabinoids, suggesting the potential for therapeutic benefit. A good-quality systemic review identified a single small trial that found no effect of two cannabinoids, given as an oromucosal spray, on intraocular pressure. The quality of evidence for the finding of no effect is limited. However, to be effective, treatments targeting lower intraocular pressure must provide continual rather than transient reductions in intraocular pressure. To date, those studies showing positive effects, have shown only short-term benefit on intraocular pressure (hours), suggesting a limited potential for cannabinoids in the treatment of glaucoma.

Positive Status for Human Immunodeficiency Virus

- There is limited evidence that cannabis and oral cannabinoids are effective in increasing appetite and decreasing weight loss associated with HIV/AIDS. There does not appear to be good-quality primary literature that reported on cannabis or cannabinoids as effective treatments for AIDS wasting syndrome.

Acquired Immune Deficiency Syndrome

- There is limited evidence that cannabis and oral cannabinoids are effective in increasing appetite and decreasing weight loss associated with HIV/AIDS. There does not appear to be good-quality primary literature that reported on cannabis or cannabinoids as effective treatments for AIDS wasting syndrome.

Post Traumatic Stress Disorder

- There is limited evidence (a single, small fair-quality trial) that Nabilone is effective for improving symptoms of post traumatic stress disorder. A single, small crossover trial suggests potential benefit from the pharmaceutical cannabinoid Nabilone. This limited evidence is most applicable to male veterans and contrasts with non-randomized studies showing limited evidence of a statistical association between cannabis use (plant derived forms) and increased severity of post-traumatic stress disorder symptoms among individuals with post traumatic stress disorder. There are other trials that are in the process of being conducted and if successfully completed, they will add substantially to the knowledge base.

Amyotrophic Lateral Sclerosis

- There is insufficient evidence that cannabinoids are an effective treatment for symptoms associated with amyotrophic lateral sclerosis. Two small studies investigated the effect of Dronabinol on symptoms associated with ALS. Although there were no differences from placebo in either trial, the sample sizes were small, the duration of the studies was short, and the dose of Dronabinol may have been too small to ascertain any activity. The effect of cannabis was not investigated.

Crohn's Disease

- There is insufficient evidence to support or refute the conclusion that Dronabinol is an effective treatment for the symptoms of irritable bowel disease. Some studies suggest that marijuana in the form of cannabidiol may be beneficial in the treatment of irritable bowel diseases, including Crohn's Disease.

Parkinson's Disease

- There is insufficient evidence that cannabinoids are an effective treatment for the motor system symptoms associated with Parkinson's Disease or the levodopa-induced dyskinesia. Evidence suggests that the endocannabinoid system plays a meaningful role in certain neurodegenerative processes; thus, it may be useful to determine the efficacy of cannabinoids in treating the symptoms of neurodegenerative diseases. Small trials of oral cannabinoid preparations have demonstrated no benefit compared to placebo in ameliorating the side effects of Parkinson's disease. A seven patient trial of Nabilone suggested that it improved the dyskinesia associated with levodopa therapy, but the sample size limits the interpretation of the data. An observational study demonstrated improved outcomes, but the lack of a control group and the small sample size are limitations.

Multiple Sclerosis

- There is substantial evidence that oral cannabinoids are an effective treatment for improving patient-reported multiple sclerosis spasticity symptoms, but limited evidence for an effect on clinician-measured spasticity. Based on evidence from randomized controlled trials included in systematic reviews, an oral cannabis extract, Nabiximols, and orally administered THC are probably effective for reducing patient-reported spasticity scores in patients with MS. The effect appears to be modest. These agents have not consistently demonstrated a benefit on clinician-measured spasticity indices.

Medical Conditions of the Same Kind or Class as or as Comparable to the Above Qualifying Medical Conditions

- The qualifying physician has provided the patient or the patient's caregiver a summary of the current research on the efficacy of marijuana to treat the patient's medical condition.
- The summary is attached to this informed consent as Addendum A.

Terminal Conditions Diagnosed by a Physician Other Than the Qualified Physician Issuing the Physician Certification

- The qualifying physician has provided the patient or the patient's caregiver a summary of the current research on the efficacy of marijuana to treat the patient's terminal condition.
- The summary is attached to this informed consent as Addendum A.

Chronic Nonmalignant Pain

- There is substantial evidence that cannabis is an effective treatment for chronic pain in adults. The majority of studies on paid evaluated Nabiximols outside the United States. Only a handful of studies have evaluated the use of cannabis in the United States, and all of them evaluated cannabis in flower form provided by the National Institute on Drug Abuse. In contrast, many of the cannabis products that are sold in state-regulated markets bear little resemblance to the products that are available for research at the federal level in the United States. Pain patients also use topical forms. While the use of cannabis for the treatment of pain is supported by well-controlled clinical trials, very little is known about the efficacy, dose, routes of administration, or side effects of commonly used and commercially available cannabis products in the United States.

h. That the Patient's De-Identified Health Information Contained in the Physician Certification and Medical Marijuana Use Registry May be Used for Research Purposes.

The Department of Health submits a data set to the Consortium for Medical Marijuana Clinical Outcomes Research for each patient registered in the Medical Marijuana Use Registry that includes the patient's qualifying medical condition and the daily dose amount and forms of marijuana certified for the patient.

PART B. Ordering smokable marijuana for a terminal patient under 18.

_____ Initial here if you are not a terminal patient under 18 who will be receiving medical marijuana in a smokable form. After initialing here, complete Part C.

If the patient is under 18, has a terminal condition, and will be receiving medical marijuana in a smokable form, please review and initial the remainder of Part B before completing Part C.

Respiratory Health

_____ Exposure to tobacco smoke and household air pollution consistently ranks among the top risk factors not only for respiratory disease burden but also for the global burden of disease. Given the known relationships between tobacco smoking and multiple respiratory conditions, one could hypothesize that long-term cannabis smoking leads to similar deleterious effects of respiratory health, and some investigators argue that cannabis smoking may even be more harmful than that of tobacco smoking. Data collected from 15 volunteers suggest that smoking one cannabis joint can lead to four times the exposure to carbon monoxide and three to five times more tar deposition than smoking a single cigarette.

Cognitive and Psychosocial Development

_____ Researchers are still studying the long term health effects of marijuana. Most people agree that marijuana use hurts adolescents more than adults. It is during the period of adolescence and young adulthood that the neural substrates that underlie the development of cognition are most active. Adolescence marks one of the most impressive stretches of neural and behavioral change with substantial protracted development in terms of both brain structure and function. As a result, cannabis and other substance use during this period may incur relatively greater interference in neural, social, and academic functioning compared to late developmental periods.

- There is moderate evidence of a statistical association between acute cannabis use and impairment in the cognitive domains of learning, memory and attention.
- There is limited evidence of a statistical association between sustained abstinence from cannabis use and impairments in the cognitive domains of learning, memory and attention.

- There is limited evidence of a statistical association between cannabis use and impaired academic achievement and education outcomes.
- There is limited evidence of a statistical association between cannabis use and increased rates of unemployment and/or low income.
- There is limited evidence of a statistical association between cannabis use and impaired social functioning or engagement in developmentally appropriate social roles.
- Less blood flow to parts of the brain.

_____ Addiction

Marijuana, like some other brain-altering substances, can be addictive. Nearly one in 10 marijuana users will become addicted. Starting to use marijuana at a younger age can lead to a greater risk of developing a substance use disorder later in life. Adolescents who begin using marijuana before age 18 are four to seven times more likely than adults to develop a marijuana use disorder.

PART C. Must be completed for all medical marijuana patients

_____ 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 doctor has informed me of the nature of a recommended treatment, including but not limited to, any recommendation regarding medical marijuana.

My doctor has also informed me of the risks, complications, and expected benefits of any recommended treatment, including its likelihood of success and failure. I acknowledge that my doctor informed me of any alternatives to the recommended treatment, including the alternative of no treatment, and the risks and benefits.

My doctor has explained the information in this consent form about the medical use of marijuana.

Patient (print name): _____

Patient signature or signature of the parent or legal guardian if the patient is a minor – please sign and date:

Date: _____

I have explained the information in this consent form about the medical use of marijuana to _____
 _____ (print patient name).

Qualified Physician Signature:

Date: _____

Witness:

Date: _____

Supplemental Medical Marijuana Consent Form and Agreement

I understand that unless I am visiting An oz. of Wellness Healthcare (“AOWH”) for purposes other than obtaining a medical marijuana certification, that the encounter(s) that I will have with my AOWH physician will be limited to his or her diagnosis and certification of a qualifying condition that I may have that entitles me to use medical marijuana under Florida law (my “Qualifying Condition”).

I acknowledge that AOWH physicians will only be conducting limited, if any, diagnostic testing to aid them in their certification and diagnosis of my Qualifying Condition and that they will be relying on those medical records of mine that may they obtain, their limited diagnostic evaluations, if any, and my self reporting of, among other things, symptoms that I may be experiencing, medications that I am taking, my family history, and other factors to do so. I acknowledge and agree that they may rely on my self-reporting of: i) the medications and supplements that I may be taking; ii) medical conditions and/or symptoms that I may have; iii) any known allergies that I may have; iv) my medical and family history; v) my lifestyle factors; and vi) the physical and emotional support systems that I may have, without any obligation or duty to independently investigate or verify the same other than reviewing the Florida Drug Monitoring Program, as required by Florida law and I have no expectation that they will conduct any such independent investigation or verification. I further acknowledge that: a) the medical records supplied to them by me or through their efforts may not be comprehensive; b) I have no expectation that they will be reviewed for any purpose other than certifying and diagnosing my medical condition so that I may obtain a medical marijuana certification; c) that I will seek the treatment of a primary care or specialist physician if, in the opinion of my AOWH Physician, the results of my medical marijuana evaluation so dictate; d) that AOWH and its physicians are under no obligation or duty to inquire or determine whether or not I have sought such follow-up treatment; and e) that the inaccurate self-reporting of those factors described above, whether by omission or inclusion, would prevent the rendering of an accurate diagnosis or evaluation, and/or assessment of health risks requiring a referral to another physician.

I represent and warrant that I will not misrepresent my medical condition (by way of inclusion or omission) or my Florida residency status in order to obtain a medical marijuana recommendation and it is my intent to use marijuana only as needed for the treatment of my qualifying medical condition, and not for recreational or non-medical purposes. In the event that I misrepresent my medical condition or residency status, whether intentionally, negligently or inadvertently, I agree to indemnify and hold AOWH and its recommending physicians, staff, officers, managers, employees, contractors and agents harmless from any and all losses, charges, damages, or expenses that they may suffer or incur as a result of such misrepresentation. By signing below, I also release AOWH, its physicians, staff, officers, managers, employees, contractors, and agents of any and all liability in the event that I have intentionally, negligently, or inadvertently failed to accurately self report any information pertaining to my physical or mental health to them.

Notwithstanding the foregoing, if AOWH or their staff provide me with any assistance in connection with the completion and/or submission to the Office of Medical Marijuana Use (the “OMMU”) of my Medical Marijuana ID Card application after my basic demographic information has been supplied to the OMMU, I acknowledge that I am solely responsible for the accuracy and completeness of the information provided in said application and that I have an obligation to review such information and correct any inaccuracies before it is submitted. I also 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 and acknowledge that AOWH and its staff and physicians are not providing this information to me, and are not providing legal advice to me.

Additionally, I have been informed of and understand the following:

Risks, Benefits, Interactions and Contraindications – please initial each highlighted blank

The long and short-term risks, benefits and drug interactions of marijuana, and the respective routes of its administration are not fully understood.

I have advised my AOWH physician of all prescription medications, supplements and other substances that I am currently taking and plan to take so that interaction risks may be properly evaluated, and acknowledge that this is especially significant in the case of opioids as their effects may be enhanced by the use of medical marijuana.

If I am taking medication or undergoing treatment for any medical condition, I understand that I should consult with my other treating physician(s) before using marijuana and that I should not discontinue any medication or treatment previously prescribed unless advised to do so by my other treating physician(s).

The known risks and benefits of medical marijuana have been explained to me by my AOWH physician, and have been discussed with me as they relate to my Qualifying Condition(s). Some of these risks are disclosed in attachment A.

Marijuana passes through the placenta and can be found in breast milk if consumed while pregnant or nursing and can adversely affect the health or development of an unborn or nursing child. Its use is contraindicated for pregnant and nursing mothers.

Medical marijuana is contraindicated for patients with schizophrenia or who may have a family history of schizophrenia and the risks of its use by adolescents and the elderly may outweigh the medical benefits of such use. By signing below I acknowledge that I have not been diagnosed with schizophrenia and do not have a family history of schizophrenia. I further acknowledge that I will advise AOWH if I am subsequently diagnosed with schizophrenia.

AOWH and its staff have advised me that: i) a 1999 Institute of Medicine Report concluded that the side effects of cannabinoid drugs are within the acceptable risks associated with approved medications and that most of its associated risks are associated with the smoking of cannabis; and that ii) there are no known cases of lethal overdose. I have also been advised that unless my use of medical cannabis is contraindicated by any of the conditions described herein that it is the opinion of my AOWH physician that the potential benefits of its use outweigh its potential risks to me.

The effects of medical marijuana and the impairment that its use can cause can last long after its use has stopped, especially with chronic use.

Medical marijuana and marijuana delivery devices should be secured and safeguarded, and kept away from children, domesticated pets and other animals.

The effects of orally administered medical marijuana may take several hours to be felt. Patients using orally administered medical marijuana, especially those taking edibles, must not exceed their recommended dosages.

While the risks associated with vaping are thought to be less than those associated with smoking, such risks are not fully understood and vaping may be damaging to your health. In particular, certain vaping products have been found to possibly cause serious lung damage and vaping may lead to difficulties when treating COVID-19 infections. I acknowledge that I have been advised that the devices, and processed and natural product that I intend to use for vaping, inhalation, or other routes of administration should only be purchased from a duly licensed MMTC, should not be tampered with, and should not be adulterated in any fashion.

■ In the event that I ask my AOWH physician to open smoking as an permitted form of medical cannabis consumption, I do so despite: i) the known negative health risks associated with the smoking of marijuana, which have been explained to me by my AOWH physician; and ii) any medical conditions that I may have. In such event, it is my belief that the overall benefits of medical marijuana, even if smoked, outweigh the risks to me that are associated with the smoking of it and I knowingly assume the risks associated with such use and I direct my AOWH physician to advise the Florida Department of Health and my doctor's medical board that smoking medical marijuana is an appropriate route of administration for me. I acknowledge and agree that any such determination is being made in light of and because of my willingness to assume the known risks associated with the smoking of medical marijuana.

Our Physician-Patient Relationship

■ I acknowledge that my doctor's recommendation of medical marijuana is made in reliance on, among other things: i) the statements that I have made to him or her regarding my condition, my need for relief, and/or the inability of other treatments to adequately treat my condition; ii) the certification of my diagnosis, which may be based on said statements or other supporting documentation; and iii) my acknowledgement of the risks and benefits associated with the use of medical marijuana. I also acknowledge that if my AOWH physician subsequently learns that the information that I have furnished is false or misleading, my recommendation for medical marijuana may be rescinded. I agree to promptly meet with my AOWH physician, and/or provide additional information in the event of any inaccuracies or misstatements in the information that I have provided. I further acknowledge that patients intentionally providing any dishonest or untruthful information will be discharged.

■ My AOWH physician has advised me of alternative treatments for any Qualifying Condition(s) that I may have that would entitle me to use medical marijuana under Florida law, as well as the respective risks and benefits of such treatments. Despite the fact that I may be registered in the Florida medical marijuana use registry, I have advised my AOWH Physician and hereby acknowledge that I may never decide to use medical marijuana for the treatment of any such Qualifying Condition.

■ I acknowledge that there are currently no universal or uniformly recognized dosing protocols for the use of medical marijuana in connection with the treatment of my Qualifying Condition(s), and, should I decide to use medical marijuana for the treatment of any such condition, will begin with the lowest dosage available for such treatment and titrate to higher doses needed to attain relief as my tolerance dictates. As such, I will be directly involved in the determination of the dosages that I take based upon the relief provided to me and my tolerance of the effects of medical marijuana.

■ Should I decide to use medical marijuana for the treatment of my Qualifying Condition(s), I acknowledge and understand that my doctor is not prescribing or ordering me to use medical marijuana in connection with such treatment and I am free to pursue any treatment with respect to my Qualifying Condition(s). Rather, I acknowledge that my doctor is merely certifying that I have one or more Qualifying Conditions and my doctor's recommendation represents his or her belief and medical opinion that the benefits of my use of medical marijuana in the manner that he or she has indicated would outweigh the risks of such use to me for the treatment of my Qualifying Condition(s).

■ I acknowledge that my doctor: i) has or will be conducting a physical examination and has or will be making a full assessment of my medical history while physically present in the same room with me (unless otherwise permitted by law); and ii) will be discussing the state's mandatory consent form as it relates to my Qualifying Condition(s). IF THIS STATEMENT HAS BEEN INITIALED PRIOR TO MY BEING SEEN BY THE PHYSICIAN AND ACTUAL FACTS SERVE TO CONTRADICT THIS STATEMENT, I WILL TAKE IMMEDIATE STEPS TO WITHDRAW MY INITIALS REGARDING THIS STATEMENT.

I understand that the recommendation of medical marijuana requires, among other things, the ongoing monitoring of my Qualifying Condition(s), my tolerance to medical marijuana, and any adverse reactions or drug interactions that I may experience. While I may be able to discuss some of these matters remotely or by phone, I may be required to meet personally with my AOWH physician again and may also be required to submit to a urinalysis before a new certification can be provided to me. If I fail to meet personally with my doctor, fail to submit requested medical records, or fail to submit to a urinalysis, I acknowledge that I could be discharged as a patient and that any current certification could be revoked.

I acknowledge that not all email and texting services are encrypted. This means that a third party may be able to access unencrypted transmissions and read the information in them. Even if encrypted, a third party may be able to access your healthcare information after you have read it. By signing below, I acknowledge that I have been made aware of the risks associated with unencrypted messaging such as unencrypted texts and/or emails and authorize AOWH to communicate with me and send my personal medical information via such unencrypted methods to the email address and phone numbers that I have supplied to AOWH. I also authorize AOWH to leave a message with any phone number that I have supplied to it, despite the fact that someone other than myself may retrieve the message.

Signatures

I hereby agree to and acknowledge the foregoing:

Patient (print name): _____

Patient signature or signature of the parent or legal guardian if the patient is a minor – please sign and date:

_____ Date: _____

I have explained the foregoing information to the foregoing patient:

Qualified physician signature:

_____ Date: _____

Attachment A

Additional Potential Side Effects

Marijuana is considered a “non-toxic herb”. There have been no deaths from its ingestion or inhalation. You may experience some of the following side effects:

- A feeling of euphoria
- A feeling of relaxation
- Sleepiness
- Decreased short term memory
- Dry mouth
- Impaired perception and motor skills
- Red eyes
- Increased appetite
- Decreased motivation
- Psychosis
- Decreased pulmonary function

Uncomplicated marijuana intoxication rarely needs medical treatment but could cause, especially when mixed with other substances, among other things, high blood pressure, headache, chest pain, irregular heartbeat, seizures or stroke. Further side effects include, but are not limited to:

- Anxiety
- Orthostatic hypotension (low blood pressure when suddenly standing)
- Tachycardia (increased heart rate)
- Possible association with myocardial infarction in patients with coronary heart disease
- Withdrawal symptoms of irritability, insomnia, low appetite, and anxiety, especially with chronic users

 (patient's initials)

Generalized Anxiety Disorder 7-Item (GAD-7) Scale

Over the last 2 weeks, how often have you been bothered by the following problems? (Please circle your response)	Not at all	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Add the score for each column	+	+	+	
Total Score (add your column scores) = _____				

If you checked off any problems, please indicate how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

PATIENT HEALTH QUESTIONNAIRE – 9 (PHQ-9)

Over the last two weeks, how often have you been bothered by any of the following problems? Please circle your answers.	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
For office coding:	___	+ ___	+ ___	+ ___

Total Score: _____

If you checked off any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

___ Not difficult at all ___ Somewhat difficult ___ Very difficult ___ Extremely difficult

DRUG ABUSE SCREENING TEST (DAST-10)

The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the last 12 months.

“Drug Abuse” refers to: i) the use of prescribed or over-the-counter drugs in excess of their directions; and ii) any non-medical use of drugs.

The various classes of drugs may include cannabis, solvents, tranquilizers, barbiturates, cocaine, stimulants, hallucinogens or narcotics --- not alcoholic beverages.

Please circle the best response for every question unless you have answered no to Question 1.

In the past 12 months.....			
1	Have you used drugs other than those required for medical reasons?	Yes	No
2	Do you abuse more than one drug at a time?	Yes	No
3	Are you unable to stop abusing drugs (if you abuse them) when you want to?	Yes	No
4	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5	Do you ever feel bad or guilty about your drug use?	Yes	No
6	Does your spouse (or parents) ever complain about your drug use?	Yes	No
7	Have you neglected your family because of your drug use?	Yes	No
8	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10	Have you had medical problems as a result of your drug use; i.e. memory loss, hepatitis, convulsions, bleeding?	Yes	No
Scoring: Score 1 point for each question answered “Yes”		Score: _____	

Score	Degree of Problems Related to Drug Use	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, reassess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment