

## 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 The Healing Corner if you do not understand any of the information provided.

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

Address \_\_\_\_\_

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

### Warnings

Possession or use of this product is unlawful outside of the State of Connecticut. \_\_\_\_\_

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. \_\_\_\_\_

The efficacy and potency of cannabis may vary widely depending on the cannabis strain and ingestion method. \_\_\_\_\_

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. \_\_\_\_\_

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. \_\_\_\_\_

There is limited information on the side effects of using medical cannabis, and there may be associated health risks. \_\_\_\_\_

Side effects of medical cannabis can include, but are not limited to:

- |   |   |
|---|---|
| <input type="checkbox"/> Memory loss                                    | <input type="checkbox"/> Anxiety/Nervousness          |
| <input type="checkbox"/> Irregular heartbeat                            | <input type="checkbox"/> Dry mouth                    |
| <input type="checkbox"/> Slower reaction time /inability to concentrate | <input type="checkbox"/> Suppression of immune system |
| <input type="checkbox"/> Poor physical condition                        | <input type="checkbox"/> Hunger/Loss of appetite      |
| <input type="checkbox"/> Cough/bronchitis/shortness of breath           | <input type="checkbox"/> Dependency                   |
| <input type="checkbox"/> Dizziness                                      | <input type="checkbox"/> Confusion                    |
| <input type="checkbox"/> Impaired vision                                | <input type="checkbox"/> Feelings of euphoria         |
| <input type="checkbox"/> Drowsiness/fatigue/abnormal sleep              | <input type="checkbox"/> Headache/nausea/vomiting     |
| <input type="checkbox"/> Depression                                     | <input type="checkbox"/> Numbness                     |
| <input type="checkbox"/> Laryngitis                                     | <input type="checkbox"/> Agitation                    |
| <input type="checkbox"/> Low blood pressure                             | <input type="checkbox"/> Paranoia/psychotic symptoms  |
| <input type="checkbox"/> Impairment of motor skills                     | <input type="checkbox"/> Sedation                     |

Symptoms of cannabis overdose include but are not limited to nausea, vomiting and disturbances to heart rhythm. \_\_\_\_\_

For some patients, chronic cannabis usage can lead to laryngitis, bronchitis and general apathy. \_\_\_\_\_

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. \_\_\_\_\_

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. \_\_\_\_\_

Some users develop a tolerance to cannabis. This means higher and higher doses are required to achieve the same symptom relief. \_\_\_\_\_

The possibility exists that cannabis may exacerbate schizophrenia in persons predisposed to that disorder. \_\_\_\_\_

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 or the infant's pediatrician.

Using cannabis while under the influence of alcohol is not recommended. \_\_\_\_\_

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. \_\_\_\_\_

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 Connecticut'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):

- Start to feel sad or have crying spells
- Lose my appetite
- Become unusually tired
- Lose interest in my usual activities
- Have changes in my normal sleep patterns
- Become more irritable than usual
- Withdraw from family and friends

**Release of Liability**

I hereby acknowledge The Healing Corner 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 The Healing Corner 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 The Healing Corner 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 \_\_\_\_\_