



HIGHLAND FAMILY PRACTICE

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Medical Cannabis (Medical Marijuana) Consent Form

The 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 qualified medical provider (QMP) explained the information and, along with the QMP, must sign and date the informed consent form.

Qualified Medical Provider: _____

The medical condition/s being treated is/are: _____

_____ The Federal Government has classified cannabis 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 cannabis even in states which have modified their state laws to treat cannabis as a medicine.

_____ When in the possession or under the influence of medical cannabis, the patient or the patient's caregiver must have his or her medical cannabis card in his or her possession at all times.

_____ Medical cannabis has not been approved by the Food and Drug Administration for marketing as a drug. Therefore, the "manufacture" of medical cannabis is not subject to any federal standards, quality control, or other oversight. However, strict control of the active ingredients of medical cannabis is mandated by Utah State law.

_____ Some studies suggest that the use of medical cannabis by individuals may lead to a tolerance to, dependence on, or addiction to 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 cannabis, I should contact my QMP.

_____ The use of medical cannabis can affect coordination, motor skills and cognition, or, in other words, 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 cannabis, 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 medical cannabis, I can be arrested for "driving under the influence."

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

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

_____ I agree to contact my QMP 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 QMP 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.

_____ Signs of withdrawal from medical cannabis can include: feelings of depression, sadness, irritability, insomnia, restlessness, agitation, loss of appetite, trouble concentrating, sleep disturbances and unusual tiredness.

_____ Symptoms of 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 contact my QMP immediately or go to the nearest emergency room.

_____ Numerous medications are known to interact with cannabis 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 QMP regarding the use of prescription and non-prescription medication. I will advise my other treating physician(s) of my use of medical cannabis.

_____ Medical cannabis 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 QMP immediately or go to the nearest emergency room if these symptoms occur.

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

_____ 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 QMP has informed me of the nature of the recommended treatment, including but not limited to, any recommendation regarding medical cannabis. My QMP also informed me of the risks, complications, and expected benefits of the recommended treatment, including its likelihood of success and failure. I acknowledge that my QMP informed me of any alternatives to the recommended treatment, including the alternative of no treatment, and the risks and benefits. My QMP has explained the information in this consent form about the medical use of cannabis.

_____ If the patient is my minor child or if I am a legal guardian for the minor patient, I have explained the information in this consent form about the medical use of cannabis to the patient.

Name: _____ Date of Birth: _____

Patient signature (or signature of the parent or legal guardian if the patient is a minor):

_____ Date: _____

Qualified medical provider signature :

_____ Date: _____

Witness signature:

_____ Date: _____