

Medical Marijuana Patient Consent

Use Patient Label if Available
Patient Name: _____
Patient Date of Birth: ____/____/____

I am being evaluated for a physician's recommendation for medicinal use of marijuana. 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 marijuana 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 marijuana.

I have been informed of and understand the following:

1.	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 Louisiana, which have modified their state laws to treat marijuana as a medicine.
2.	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 standards, quality control, or other oversight. Marijuana 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.
3.	The use of marijuana can affect coordination, motor skills and cognition, i.e., the ability to think, judge, and reason. While using marijuana, 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 marijuana, I can be arrested for "driving under the influence."
4.	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, 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 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 cannabis, especially by persons younger than 25, can result in long-term problems with attention, memory, learning, a tendency to drug abuse and schizophrenia. _____, MD recommends cannabis use only for the relief of serious symptoms, and not for habitual use.
5.	I understand the using marijuana while under the influence of alcohol is not recommended. Additional side effects may become present when using both alcohol and marijuana. Cannabis should be treated as an open container of alcohol. It should not be within reach in the car.
6.	I agree to contact the nearest emergency room 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 the nearest emergency room if I experience respiratory problems, changes in my normal sleeping patterns, extreme fatigue, increased irritability, or begin to withdraw from my family and friends.
7.	The risks, benefits and drug interactions of marijuana 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).

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8.	Individuals may develop a tolerance to, and/or dependence on, marijuana. 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 marijuana, I should contact their recommending physician.
9.	Signs of withdrawal can include: Feelings of depression, sadness, irritability, insomnia, restlessness, agitation, loss of appetite, trouble concentrating, sleep disturbances and unusual tiredness.
10.	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 the nearest emergency room.
11.	If _____, MD subsequently learns that the information I have furnished is false or misleading, the recommendation for marijuana may no longer be valid. I agree to promptly meet with _____, MD and/or provide additional information in the event of any inaccuracies or misstatements in the information I have provided.
12.	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 _____, MD has informed me of the nature of a recommended treatment, including but not limited to, any recommendation regarding medical marijuana.
13.	I have been informed of the risks, complications and expected benefits of any recommended treatment, including its likelihood of success and failure by _____, MD.
14.	I acknowledge that _____, MD informed me of any alternatives to the recommended treatment, including the alternative of no treatment, and the risks and benefits.
15.	When under the influence and/or in possession of medical marijuana in public, I should carry a copy of my recommendation at all times.
16.	I understand the importance of securely storing medical marijuana to reduce the risk of exposure to children or use by others.
17.	In order to stay in compliance with the Louisiana State Board of Medical Examiner regulations, I understand that I am required to return to the recommending physician for a review of my medical condition and an update of my physician's recommendation at intervals as determined by my recommending physician.
18.	If at any time I fail to demonstrate clinical benefits from the use of or if I engage in excessive use, misuse or abuse of medical marijuana or have consumed or disposed of the medical marijuana in a manner not consistent with directions given by my physician, he/she shall terminate my use of marijuana.
19.	If at any time I am admitted to a healthcare facility I will notify staff that I am using medical marijuana and will adhere to all organizational policies regarding administration and secure storage of the medical marijuana.
20.	Patients giving any dishonest or untruthful information will be discharged.

My physician has reviewed the risks, benefits and alternatives of medical marijuana with me.

Physician Signature: _____ Date: _____ Time: _____

Patient Signature: _____ Date: _____ Time: _____

Witness Signature: _____ Date: _____ Time: _____