Informed Consent for Recommendation to Use Medical Marijuana

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , having met with Dr. Turell today to discuss my medical/psychiatric condition, have been diagnosed with a qualifying medical condition that would benefit from treatment with medical marijuana. I have been truthful in the statements and findings provided which have been used to establish my diagnosis of a qualifying medical condition.

I am pursuing this treatment of my own free will, and have entered into a physician-patient relationship with Dr. Turell in which there is shared decision-making.

The benefits of marijuana have been discussed, and I understand them to include appetite stimulation, sleep promotion, pain modulation, reduction of nausea/vomiting and muscle spasms. There may be additional benefits not listed.

The risks of use of marijuana include variability of dosing and effectiveness, lack of standardization between products, being at risk of developing cannabis use disorder(addiction to marijuana), worsening of psychotic/psychiatric symptoms, adverse cognitive effects, including potentially loss of memory, concentration, and reduction in IQ score(were it to be measured), and being subject to all other effects of marijuana, whether desired or undesired. I am aware that medical marijuana places me at greater risk for fall or fracture, affects reaction time, and can impair my ability to drive a car.

Additional side effects may include hypertension, tachycardia, bronchitis, dry mouth, anxiety, dysphoria, disorientation, paranoia, and psychosis.

Immediate/acute effects of marijuana can include euphoria, cardio-respiratory effects, blurry vision, psychological effects, and impaired coordination.

I understand that Dr. Turell strongly advises that I do not drive after having used medical marijuana, for the protection of myself and others.

I understand that marijuana has different chemical components, including THC and CBD. Use of CBD or CBD-containing strains of marijuana may reduce some of the adverse effects of THC, including adverse effect on memory and anxiety, and hypothermic effects.

I understand that there are dose-dependent effects of marijuana, and CBD may cause alertness at low levels, but cause sleep and sedation at higher levels.

It should be understood that medical marijuana can be vaped but not smoked, and that “with modern cannabis concentrated and vape pens, it is highly likely a patient without tolerance will likely overshoot necessary dosing even with 1 inhalation, as medical doses are far lower than recreational ones.”

Signs of cannabis overdose include: fast heartbeat, hallucinations, paranoia, confusion, and panic attacks.

Note: Risk of marijuana on a developing brain, which is considered still developing until the age of 24, can result in changes in attention and memory, changes in grey matter concentration, change in organization of white matter fibers, and abnormal neural functioning. Earlier initiation of use of cannabis, under 24 but particularly under 17 years old, as well as more frequent use are associated with poorer outcomes.

Cannabis can affect pregnancy outcomes, birth weight, and alter neurodevelopment of the child, affecting behavior in children/young adults such as ADHD and increased likelihood of substance use.

Cannabis can impair concentration, coordination, judgment, and driving performance.

Long-term, marijuana use can be linked to hallucinations, paranoia, worsening of schizophrenia, depression, anxiety, and suicidal thoughts in teens.

Marijuana, even for medical purposes, can lead to addiction to marijuana, including physical dependence, tolerance, and withdrawal.

Symptoms of withdrawal can include irritability, anxiety, insomnia, decreased appetite, restlessness, depressed mood, abdominal pain, tremors, sweating, fever, chills, and headaches.

In extreme cases marijuana can cause vomiting, a condition known as cannabinoid hyperemesis syndrome which is treated by abstinence.

I understand that the best approach to dosing is “start low, go slow”, and to reduce side effects it is recommended to use strains with CBD and THC together. I understand that the recommended dosing is known as “self-titration”, where I will adjust the dose of medical cannabis to find the lowest possible dose that provides a helpful impact on the symptoms of my qualified medical condition.

I will begin dosing at the lowest possible dose, and increase gradually, waiting 30 minutes between puffs. I will cease use with onset of disorientation, dizziness, unsteadiness, anxiety, agitation, fast hearrate, lightheadedness, depression ,hallucinations, or paranoia.

I am aware that cannabis can be ingested as edibles. The first day, don’t even take another dose until you know the effect. From then on, wait between repeated doses with edibles, since it can take hours before feeling an effect. The peak effect is delayed. More cannabis from an edible will be available if I eat a meal with fat in the meal to increase absorption. Onset usually begins 30min to 1 hr later, peak in 3-4 hours.

I can also use marijuana sublingually or topically. There are also rectal suppositories.

I am allowed to purchase from a dispensary a 90-day supply. The dispensary will tell me how many grams I am allowed to purchase at a time.

Marijuana can increase myocardial oxygen demand, which can be hazardous to someone with heard disease. In states where cannabis has been legalized, there have been increased ER visits for heart attacks, a-fib, heart attacks even for people without known heart disease, abdominal aorta and coronary artery calcification, and increased risk for stroke.

I understand that as far as medical evidence of the benefit of medical marijuana, other than chronic pain, anti-nausea, and anti-spasticity effects(conclusive evidence) and improved sleep(moderate evidence), all other therapeutic uses of medical marijuana are based on limited evidence at this time.

I understand that medical marijuana is only one component of my treatment, and the other measures are listed in my treatment plan. I have tried other options, and been made aware of other options.

I understand that treatment with medical marijuana is a dynamic process, and as such the duration of authorization for medical marijuana is no longer than 12 months, by which time I must be seen for follow-up evaluation of my condition and my response to medical marijuana, in order to be considered for renewal of recommendation for medical marijuana. During this follow-up evaluation, I will be open and honest about my use of medical marijuana over the past year, the effect it has had on the symptoms related to my qualifying medical condition, whether use of marijuana has met the identified treatment goals developed at the initial/previous evaluation, and will report any side effects.

I understand that use of medical marijuana may affect my ability to obtain federal employment, serve as a federal contractor, obtain a gun license, or obtain a CDL. I may get fired from my job if they test me and their policies do not permit marijuana use. I am aware it is prohibited to drive after consuming cannabis in any form, and I am prohibited from consuming medical marijuana publicly.

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Patient Signature Date

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Provider Signature Date