I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a patient of Dr. Turell, acknowledge and agree to the following:

1. I am being treated for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which would benefit from treatment with a medical marijuana.
2. I understand this medical marijuana may result in tolerance (requiring higher doses over time), and withdrawal (physical symptoms upon cessation of taking the medication), and that I may become physically dependent or psychologically addicted to medical marijuana, even if I use it as prescribed.

I understand that while rare, a **marijuana overdose is still possible** in some cases. Signs and symptoms of marijuana overdose might include

* Extreme anxiety or panic attacks.
* Psychotic reactions in which someone loses touch with reality or becomes **paranoid**, sometimes in the form of **hallucinations**, delusions, or a loss of personal identity.
* Decreased judgment, perception, and coordination that can lead to injuries or even death.
* A fast heart rate, chest pain, or heart attack.
* **Uncontrollable shaking** or seizures.
* Pale skin color.
* **Unresponsiveness**.
* Sudden high blood pressure with headache.

When symptoms are severe, get medical attention—**call 911 or drive to the nearest emergency room**.

Noticeable side effects of smoked marijuana may last from 1 to 3 hours.

Marijuana consumed in food (edibles) or drink may last for several hours.

1. If prescribed benzodiazepines, I will not consume alcohol, and will not take opiate pain medication or other sedating medications.
2. If prescribed stimulants, I will not consume coffee, cola, energy drinks, or other caffeine-containing beverages. If a smoker, I will attempt smoking cessation during this time.
3. If prescribed Suboxone, I will not use any other opiates of any kind, will not drink alcohol or use benzodiazepines.
4. I will use medical marijuana only as directed, taking a “Start low, go slow” approach
5. I will not sell or share my medical marijuana or any of the medications I take.
6. I will not use anyone else’s medication or medical marijuana.
7. I will only fill at the dispensary of my choosing, if currently known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If I change dispensaries, I will inform Dr. Turell
8. I will not use illegal drugs of any kind at any time.
9. I will not buy legal or illegal drugs off the street for any purpose.
10. I agree to submit to urine drug screen and pill counts upon request.
11. I am aware that my pharmacy and dispensary fills will be recorded by a state-run database, and that Dr. Turell will review my fill history before visits / refills.
12. I will safeguard my prescription and my medication and my medical marijuana, none of which will be replaced or refilled if lost, stolen, or misplaced.
13. I will call for refills/schedule appointments at least 3 days in advance, but no earlier than 30 days in advance, and will only be given stop-gap refills to get me to my next appointment in the case that my appointment was rescheduled. Refills/renewals will only be made in-person, unless otherwise arranged.
14. I will attend all appointments as scheduled.
15. I will participate in any additional treatment that is requested of me.
16. If I am receiving medication from another provider, I authorize communication between them for coordination of my care, and will sign a Release of Information for such purpose.
17. If I was diagnosed with a qualifying medical condition by another provider, I will send Dr. Turell the records and sign a release of information authorizing the facility/provider to send records to Dr. Turell. I understand that my medical marijuana card will not be authorized until evidence/records of a qualifying medical condition have been reviewed/established/confirmed.
18. I understand that I am responsible for payment of the State-mandated activation fee of $55, which is made directly to to the State, and is separate from payment to Green Dragon Herbal Medicine for evaluation/recommendation of a medical marijuana card.
19. Rudeness, demanding or threatening behavior over the phone or in person toward any staff member or other patient will not be tolerated.
20. I understand that misuse of medical marijuana or other medication or any violation of this controlled subsance agreement will result in cessation of medical marijuana card renewal/prescription of controlled substances, and that I may need to seek hospitalization or detox for treatment of withdrawal symptoms from controlled substances.

Having reviewed and understood the above, I agree to the terms and wish to proceed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Patien’t Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Provider’s Name Date