MEDICAL MARIJUANA EVALUATION PATIENT AGREEMENT AND INFORMED CONSENT

Please read and initial in the spaces provided to indicate that you understand and agree to each item. Do not sign this Agreement if you have questions or don’t understand the information you have received about medical marijuana.

I (please print your name) _____________________________________________ understand that medical marijuana is considered medicine and be used in treating the suffering caused by serious and debilitating medical conditions.

Serious and debilitating medical conditions include:
- Arthritis
- Cancer
- Seizures, including, but not limited to, seizures associated with epilepsy
- Human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS)
- Persistent muscle spasms, including, but not limited to, spasms associated with Multiple Sclerosis
- Migraines
- Anorexia
- Cachexia (i.e. weight loss, wasting of muscle, loss of appetite and general debility that can occur during a chronic disease)
- Severe or chronic pain
- Glaucoma
- Depression

Medical marijuana is also used in the treatment of other chronic medical symptoms that:
- If not alleviated, may cause serious harm to the patient’s safety or physical or mental health.  
  - Substantially limit the ability of a person to conduct one or more major life activities as defined
    In the American’s with Disabilities Act of 1990 (Public Law 101-336).  Patient Initial __________

I am currently under SELF CARE and choose not to consult my primary care provider.  Patient Initial __________

I agree to notify the staff Physician if I have:
- Taken prescribed medicine for this condition
- Been prescribed medicine for this condition
- Ever had symptoms of depression or attempted suicide
- Been psychotic
- Had any mental illness
- Am using any herbs, supplements, or other medications
- Disruptions in my sleep pattern
- Losing interest in usual activities  Patient Initial __________

I agree to notify the staff physician if I begin to experience respiratory problems or any other ill effects and discontinue the use of medical cannabis (marijuana) until further notice.  Patient Initial __________

Neither the One Care Medical Center physician nor his associates are addressing specific aspects of the my medical care and, unless otherwise stated, are in no way as my primary care physician.  Patient Initial __________

Neither the One Care Medical Center physician nor his associates advises or condones that I discontinue treatment or medication that I am currently taking.  Patient Initial __________

I have no medical records presently pertaining to my condition.  Patient Initial __________

I give my consent to have my name, date of visit and only required information to be released for the legal verification of my recommendation as needed by Law Enforcement and/or the Dispensaries.  Patient Initial __________