

**PATIENT INTAKE FORM**

Date: \_\_\_\_\_

Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

In case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL HISTORY:**

Hospitalizations ~ Date and illness/Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Surgeries ~ Date and Type (including any body implants such as cardiac stents, heart valves, joint replacements, pacemakers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ongoing Medical Problems ~ including asthma, COPD, diabetes, heart disease, heart murmur, hepatitis, HIV/AIDS, hypertension, kidney failure, venereal disease, alcohol or drug addictions, present or previous psychiatric care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies ~ Name of Drug and Reaction, including any type of anesthetic: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLINICAL HISTORY AND CONDITION:**

Indication for Cannabis Treatment: \_\_\_\_\_

Chief complaint for evaluation of cannabis treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List of Symptoms ~ Type / Frequency / Severity

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Prior Treatment(s), Duration and Outcome of Treatment: \_\_\_\_\_

RX Medication Name	Dosage	Regimen	Target Symptom

OTC / Vitamins / Supplements / Herbals / Homeopathic / Other Self-Medications

Medication Name	Dosage	Regimen	Target Symptom

Are you currently taking Aspirin, Coumadin, Plavix, Persantine or other blood thinners?

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Preventative care - list ongoing medical treatments, special diets, physical therapies, etc.

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If female, are you currently pregnant or think that you may be: YES  NO

Date of last menstrual cycle \_\_\_\_\_

Are you planning on getting pregnant? YES  NO

**FAMILY MEDICAL HISTORY:**

Hereditary diseases, significant illnesses or cause of death of grandparents / parents / children / siblings / aunts / uncles / cousins,  
Example: allergy / bleeding disorders / cancer / heart disease / sickle cell anemia / psychiatric problems such as anxiety/ bi-polar /  
depression, etc.

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**NUTRITIONAL HISTORY:**

Special dietary needs:

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**SOCIAL HISTORY AND HABITS:**

Coffee \_\_\_\_\_ cups / day

Tea \_\_\_\_\_ cups / day

Alcohol \_\_\_\_\_ cups / day

Tobacco \_\_\_\_\_ cigarettes / day

How many years have you been smoking? \_\_\_\_\_ If you quit, when did you stop? \_\_\_\_\_

Do you currently use marijuana? YES  NO

If yes, how often and by what method, does it help alleviate symptoms of your qualifying condition?

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Recreational drug use - frequency / type / route, ie. Ingestion, Injection, snorting

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## MEDICAL MARIJUANA PATIENT DECLARATION

I hereby declare that I have completely and truthfully disclosed all information regarding my medical condition and attest that I do not intend to use my medical recommendation for the purpose of illegally obtaining, growing or distributing medical marijuana.

I attest that I am not a member, employee or agent of any media or law enforcement agency. It is illegal to film or record in this office with a video camera, cell phone or any other recording device be it a still image, video or audio, this is a direct violation of HIPAA regulations and patient/doctor confidentiality.

I am aware that my recommendation can be revoked at any time and legal actions will be taken if I have perjured or misrepresented myself or my condition, my intentions or falsified any medical records to the physician. I also hereby authorize Jonathan Paley MD, PA or its representative, to discuss my medical condition for verification purposes only.

Additionally, I acknowledge the attending physician informed me of the nature of a recommended treatment, including but not limited to, any recommendation regarding medical marijuana. The risks, complications and expected benefits of any recommended treatment, including its likelihood of success or failure.

I acknowledge the attending physician informed me of any alternatives to the recommended treatment, including the alternative of no treatment, and their risks and benefits. The physician may request that I visit another physician or specialist to further substantiate my condition. I will be informed of all the above-mentioned regardless of whether or not I qualify as a patient.

<b>PATIENT NAME (PRINT)</b> _____			
<b>Telephone Number</b>	_____	<b>Alternate Telephone Number</b>	_____
<b>Current Address</b> _____			
<b>City</b>	_____	<b>State</b>	<b>Zip code</b> _____
<b>PATIENT SIGNATURE</b> _____			

## RELEASE OF LIABILITY

I attest that the information on this form is correct and any medical history presented or discussed with the doctor is all factual and complete to the best of my knowledge. I do not plan or intend to use my Physician's recommendation for the purpose of illegally obtaining medical marijuana. Solely for verification purposes, I authorize Dr. Henry Calas to converse regarding my medical condition.

I understand that I must be a **Ohio** resident to obtain an approval or recommendation for the use of medical cannabis.

I affirm that I have a serious medical condition that negatively affects my quality of life. I have found or am interested in finding out whether or not medical marijuana provides substantial relief and improvement in my condition.

I understand that the cannabis plant is not regulated by the United States Food and Drug Administration and therefore may contain unknown quantities of active ingredients, impurities and /or contaminants. I understand the potential risks associated with an elevated daily consumption of medical marijuana including risks with respect to the effect on my cardiovascular and pulmonary systems and psychomotor performance, risks associated with the long-term use of marijuana are not fully understood and that the use of marijuana may involve risks that have not been identified. In requesting an approval or recommendation for the use of medical marijuana, I assume full responsibility for any and all risks involved in this action.

I have been advised that medical marijuana smoke contains chemicals known as tars that may be harmful to my health. Recent research indicates that vaporizing cannabis may eliminate exposure to tar. Should respiratory problems or other ill effects be experienced in association with its use, it should be discontinued and reported to the physician immediately.

I was also advised that the use of medical marijuana might affect my coordination and cognition in ways that could impair my ability to drive, operate machinery, or engage in potentially hazardous activities. I assume full responsibility for any harm resulting to me and/or other individuals as a result of my use of cannabis.

### **Ohio's Medical Marijuana Legalization -House Bill 523 signed September 8, 2016**

Provides for the possession of medical marijuana for the personal medical purposes of the patient with a physician approval or recommendation. It should be made clear that the physician, staff and representative of this practice are not providing medical marijuana, nor are they encouraging any illegal activity in my obtaining medical marijuana.

I, the undersigned, hereby request a consultation by the physician for the purposes of determining the appropriateness of medicinal marijuana treatment. I acknowledge that using cannabis as a medicine has been explained to me and that any questions that I have asked have been answered to my complete satisfaction. The physician, staff and representatives are addressing specific aspects of my medical care, and unless otherwise stated are in no way establishing themselves as primary care provider. Should an approval be made for my medicinal use of marijuana, I understand that there is a renewal date specified by the physician depending on the condition. I understand that it is my responsibility to see the physician to assess the possible continuance of cannabis use beyond the term of the approval.

Furthermore, the undersigned, or anyone acting on my behalf, hold the physician and his/her principals, agents and employees, free of and harmless from any liability resulting from the use of medical marijuana.

I further understand that by signing below, I am authorizing the release of any part of this record, except for identifying information, for use in data analysis of medical marijuana treated patients.

**PATIENT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PATIENT SIGNATURE:** \_\_\_\_\_

## NOTICE OF PRIVACY PRACTICES PATIENT ACKNOWLEDGEMENT AUTHORIZATION FOR USE/DISCLOSE OF PHI (Protected Health Information)

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

### Acknowledgement of Privacy Notice

I have received the practice's Notice of Privacy Practices. The Notice provides in detail the uses and disclosures of my PHI (Protected Health Information) that may be made by this practice. I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all PHI at, or controlled by, this practice. I understand I can obtain this practice's Notice of Privacy on request.

### Authorization for Use/Disclosure of Protected Health Information (PHI)

I authorize the use and disclosure of all health information for the purpose of treatment, payment and Health Care Operations. I authorize Dr Jonathan Paley and his staff to use these disclosures of my health information without limitation. I understand that information disclosed pursuant to this authorization may be re-disclosed to additional parties and no longer protected. I understand that any revocation does not apply to disclosures or use of PHI that have occurred prior to my revocation. In addition, I authorize disclosure of my PHI to the following individual(s):

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

*List any person(s) that you are allowing this office to communicate with regarding your PHI*

### Patient Manner of Contact

In general the HIPAA Privacy rule gives individuals the right to request a restriction on uses and disclosures of their PHI. I understand that verbal request is an acceptable authorization for the use of any alternate contact method, number and/or location as well as to change in the manner listed below (i.e. if patient leaves message with contact number and/or location, other than listed below). I understand that this practice calls to confirm appointments at the number I give.

#### \*\* I wish to be contacted in the following manner:

\_\_\_\_\_ NO RESTRICTION (okay to contact home and/or work and leave detailed message)

\_\_\_\_\_ Restricted method of contact:

\_\_\_\_\_ Home ONLY - Message to return call to doctor's office

\_\_\_\_\_ Work ONLY - Message to return call to doctor's office

\_\_\_\_\_ Other \_\_\_\_\_

I understand that by signing this form I am confirming my receipt of the Notice of Privacy Practices; authorization for method of contact; and authorization for use and/or disclosure of my PHI.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship to patient, if signed by a personal representative, i.e. parent, legal guardian, etc.:**

**Relationship** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Medical Marijuana Consent Form

A qualified physician may not delegate the responsibility of obtaining written informed consent to another person. The qualified 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 physician explained the information and, along with the qualified physician, must sign and date the informed consent form.

This consent form contains three parts. Part A must be completed by all patients. Part B is only required for patients under the age of 18 with a diagnosed terminal condition who receive a certification for medical marijuana in a smokable form. Part C is the signature block and must be completed by all patients.

### **Part A: Must be completed for all medical marijuana patients**

#### **a. The Federal Government's classification of marijuana as a Schedule I controlled substance.**

- \_\_\_\_\_ 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 Ohio, which have modified their state laws to treat marijuana as a medicine.
- \_\_\_\_\_ When in the possession of medical marijuana, the patient or the patient's caregiver must have his or her medical marijuana use registry identification card in his or her possession at all times.

#### **b. The approval and oversight status of marijuana by the Food and Drug Administration.**

- \_\_\_\_\_ 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 federal standards, quality control, or other federal oversight. Marijuana may contain unknown quantities of active ingredients, which may vary in potency, impurities, contaminants, and substances in addition to THC, which is the primary psychoactive chemical component of marijuana.

#### **c. The potential for addiction.**

- \_\_\_\_\_ Some studies suggest that the use of marijuana by individuals may lead to a tolerance to, dependence on, or addiction to 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 Dr. Jonathan Paley.

#### **d. The potential effect that marijuana may have on a patient's coordination, motor skills, and cognition, including a warning against operating heavy machinery, operating a motor vehicle, or engaging in activities that require a person to be alert or respond quickly.**

- \_\_\_\_\_ The use of marijuana can affect coordination, motor skills and cognition, i.e., the ability to think, judge and reason. Driving under the influence of cannabis can double the risk of vehicular accident, which escalates if alcohol is also influencing the driver. While using medical marijuana, 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 marijuana, I can be arrested for "driving under the influence."

**e. The potential side effects of medical marijuana use.**

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, may affect the production of sex hormones that lead to adverse effects, 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 medical 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 medical marijuana, especially by persons younger than 25, can result in long-term problems with attention, memory, learning, drug abuse, and schizophrenia.

There is substantial evidence of a statistical association between long-term cannabis smoking and worsening respiratory symptoms and more frequent chronic bronchitis episodes. Smoking marijuana is associated with large airway inflammation, increased airway resistance, and lung hyperinflation. Smoking cannabis, much like smoking tobacco, can introduce levels of volatile chemicals and tar in the lungs that may raise concerns about the risk of cancer and lung disease.

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

I agree to contact Dr. Jonathan Paley 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 Dr. Jonathan Paley 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.

**f. The risks, benefits, and drug interactions of marijuana.**

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

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 Dr. Jonathan Paley immediately or go to the nearest emergency room.

Numerous drugs are known to interact with marijuana 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 Dr. Jonathan Paley regarding the use of prescription and non-prescription medication. I will advise any other of my treating physician(s) of my use of medical marijuana.

\_\_\_\_\_ Marijuana 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 Dr. Jonathan Paley immediately or go to the nearest emergency room if these symptoms occur.

\_\_\_\_\_ I understand that medical marijuana may have serious risks and may cause low birthweight or other abnormalities in babies. I will advise Dr. Jonathan Paley if I become pregnant, try to get pregnant, or will be breastfeeding.

**g. The current state of research on the efficacy of marijuana to treat the qualifying conditions set forth in this section.**

\_\_\_\_\_ **Cancer**

- There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancers, including glioma.

There is evidence to suggest that cannabinoids (and the endocannabinoid system more generally) may play a role in the cancer regulation processes. Due to a lack of recent, high quality reviews, a research gap exists concerning the effectiveness of cannabis or cannabinoids in treating cancer in general.

- There is conclusive evidence that oral cannabinoids are effective antiemetics in the treatment of chemotherapy-induced nausea and vomiting.

There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancer-associated anorexia-cachexia syndrome and anorexia nervosa.

\_\_\_\_\_ **Epilepsy**

- There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for epilepsy.

Recent systematic reviews were unable to identify any randomized controlled trials evaluating the efficacy of cannabinoids for the treatment of epilepsy. Currently available clinical data therefore consist solely of uncontrolled case series, which do not provide high-quality evidence of efficacy. Randomized trials of the efficacy of cannabidiol for different forms of epilepsy have been completed and await publication.

\_\_\_\_\_ **Glaucoma**

- There is limited evidence that cannabinoids are an ineffective treatment for improving intraocular pressure associated with glaucoma.

Lower intraocular pressure is a key target for glaucoma treatments. Nonrandomized studies in healthy volunteers and glaucoma patients have shown short-term reductions in intraocular pressure with oral, topical eye drops, and intravenous cannabinoids, suggesting the potential for therapeutic benefit. A good-quality systemic review identified a single small trial that found no effect of two cannabinoids, given as an oromucosal spray, on intraocular pressure. The quality of evidence for the finding of no effect is limited. However, to be effective, treatments targeting lower intraocular pressure must provide continual rather than transient reductions in intraocular



pressure. To date, those studies showing positive effects have shown only short-term benefit on intraocular pressure (hours), suggesting a limited potential for cannabinoids in the treatment of glaucoma.

### \_\_\_\_ **Positive status for human immunodeficiency virus**

- There is limited evidence that cannabis and oral cannabinoids are effective in increasing appetite and decreasing weight loss associated with HIV/AIDS.

There does not appear to be good-quality primary literature that reported on cannabis or cannabinoids as effective treatments for AIDS wasting syndrome.

### \_\_\_\_ **Acquired immune deficiency syndrome**

- There is limited evidence that cannabis and oral cannabinoids are effective in increasing appetite and decreasing weight loss associated with HIV/AIDS.

There does not appear to be good-quality primary literature that reported on cannabis or cannabinoids as effective treatments for AIDS wasting syndrome.

### \_\_\_\_ **Post-traumatic stress disorder**

- There is limited evidence (a single, small fair-quality trial) that nabilone is effective for improving symptoms of posttraumatic stress disorder

A single, small crossover trial suggests potential benefit from the pharmaceutical cannabinoid nabilone. This limited evidence is most applicable to male veterans and contrasts with non-randomized studies showing limited evidence of a statistical association between cannabis use (plant derived forms) and increased severity of posttraumatic stress disorder symptoms among individuals with posttraumatic stress disorder. There are other trials that are in the process of being conducted and if successfully completed, they will add substantially to the knowledge base.

### \_\_\_\_ **Amyotrophic lateral sclerosis**

- There is insufficient evidence that cannabinoids are an effective treatment for symptoms associated with amyotrophic lateral sclerosis.

Two small studies investigated the effect of dronabinol on symptoms associated with ALS. Although there were no differences from placebo in either trial, the sample sizes were small, the duration of the studies was short, and the dose of dronabinol may have been too small to ascertain any activity. The effect of cannabis was not investigated.

### \_\_\_\_ **Crohn's disease**

- There is insufficient evidence to support or refute the conclusion that dronabinol is an effective treatment for the symptoms of irritable bowel syndrome.

Some studies suggest that marijuana in the form of cannabidiol may be beneficial in the treatment of inflammatory bowel diseases, including Crohn's disease.

## **\_\_\_\_\_ Parkinson's disease**

- There is insufficient evidence that cannabinoids are an effective treatment for the motor system symptoms associated with Parkinson's disease or the levodopa induced dyskinesia.

Evidence suggests that the endocannabinoid system plays a meaningful role in certain neurodegenerative processes; thus, it may be useful to determine the efficacy of cannabinoids in treating the symptoms of neurodegenerative diseases. Small trials of oral cannabinoid preparations have demonstrated no benefit compared to a placebo in ameliorating the side effects of Parkinson's disease. A seven-patient trial of nabilone suggested that it improved the dyskinesia associated with levodopa therapy, but the sample size limits the interpretation of the data. An observational study demonstrated improved outcomes, but the lack of a control group and the small sample size are limitations.

## **\_\_\_\_\_ Multiple sclerosis**

- There is substantial evidence that oral cannabinoids are an effective treatment for improving patient-reported multiple sclerosis spasticity symptoms, but limited evidence for an effect on clinician-measured spasticity.

Based on evidence from randomized controlled trials included in systematic reviews, an oral cannabis extract, nabiximols, and orally administered THC are probably effective for reducing patient-reported spasticity scores in patients with MS. The effect appears to be modest. These agents have not consistently demonstrated a benefit on clinician-measured spasticity indices.

## **\_\_\_\_\_ Medical conditions of same kind or class as or comparable to the above qualifying medical conditions**

- The qualifying physician has provided the patient or the patient's parent or legal guardian a summary of the current research on the efficacy of marijuana to treat the patient's medical condition.
- The summary is attached to this informed consent as Addendum\_\_\_\_\_.

## **\_\_\_\_\_ Terminal conditions diagnosed by a physician other than the qualified physician issuing the physician certification**

- The qualifying physician has provided the patient or the patient's caregiver a summary of the current research on the efficacy of marijuana to treat the patient's terminal condition.
- The summary is attached to this informed consent as Addendum\_\_\_\_\_.

## **\_\_\_\_\_ Chronic nonmalignant pain**

- There is substantial evidence that cannabis is an effective treatment for chronic pain in adults.

The majority of studies on pain evaluated nabiximols outside the United States. Only a handful of studies have evaluated the use of cannabis in the United States and all of them evaluated cannabis in flower form provided by the National Institute on Drug Abuse. In contrast, many of the cannabis products that are sold in state-regulated markets bear little resemblance to the products that are available for research at the federal level in the United States. Pain patients also use topical forms.

While the use of cannabis for the treatment of pain is supported by well controlled clinical trials, very little is known about the efficacy, dose, routes of administration, or side effects of commonly used and commercially available cannabis products in the United States.

**h. That the patient's de-identified health information contained in the physician certification and medical marijuana use registry may be used for research purposes.**

\_\_\_\_\_ The Department of Health submits a data set to the Consortium for Medical Marijuana Clinical Outcomes Research for each patient registered in the medical marijuana use registry that includes the patient's qualifying medical condition and the daily dose amount and forms of marijuana certified for the patient.

**PART B: Certification for medical marijuana in a smokable form for a patient under 18 with a diagnosed terminal condition.**

\_\_\_\_\_ Initial here if you are not a patient under 18 with a diagnosed terminal condition who will be receiving medical marijuana in a smokable form. After initialing here, complete part C.

If the patient is under 18, has a diagnosed terminal condition, and will be receiving medical marijuana in a smokable form, please review and initial the remainder of Part B before completing Part C.

**Respiratory Health**

\_\_\_\_\_ Exposures to tobacco smoke and household air pollution consistently ranks among the top risk factors not only for respiratory disease burden but also for the global burden of disease. Given the known relationships between tobacco smoking and multiple respiratory conditions, one could hypothesize that long-term cannabis smoking leads to similar deleterious effects of respiratory health, and some investigators argue that cannabis smoking may be even more harmful than that of tobacco smoking.

**Cognitive and Psychosocial Development**

\_\_\_\_\_ Researchers are still studying the long-term health effects of marijuana. Most people agree that marijuana use hurts adolescents more than adults. It is during the period of adolescence and young adulthood that the neural substrates that underlie the development of cognition are most active. Adolescence marks one of the most impressive stretches of neural and behavioral change with substantial a protracted development in terms of both brain structure and function. As a result, cannabis and other substance use during this period may incur relatively greater interference in neural, social, and academic functioning compared to late developmental periods (e.g. adulthood).

- There is moderate evidence of a statistical association between acute cannabis use and impairment in the cognitive domains of learning, memory, and attention.
- There is limited evidence of a statistical association between cannabis use and impaired academic achievement and education outcomes.
- There is limited evidence of a statistical association between cannabis use and increased rates of unemployment and/or low income.

- There is limited evidence of a statistical association between cannabis use and impaired social functioning or engagement in developmentally appropriate social roles.

**Addiction**

\_\_\_\_\_ Marijuana, like some other brain-altering substances, can be addictive. Nearly one in 10 marijuana users will become addicted. Starting to use marijuana at a younger age can lead to a greater risk of developing a substance use disorder later in life. Adolescents who begin using marijuana before age 18 are four to seven times more likely than adults to develop a marijuana use disorder.

**Part C: Must be completed for all medical marijuana patients**

\_\_\_\_\_ 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 Dr. Jonathan Paley has informed me of the nature of a recommended treatment, including but not limited to, any recommendation regarding medical marijuana.

Dr. Jonathan Paley also informed me of the risks, complications, and expected benefits of any recommended treatment, including its likelihood of success and failure. I acknowledge that Dr. Jonathan Paley informed me of any alternatives to the recommended treatment, including the alternative of no treatment, and the risks and benefits. Dr. Jonathan Paley has explained the information in this consent form about the medical use of marijuana.

Patient (print name) \_\_\_\_\_

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

\_\_\_\_\_ Date \_\_\_\_\_

I have explained the information in this consent form about the medical use of marijuana to \_\_\_\_\_ (Print patient name).

Qualified physician signature:

\_\_\_\_\_ Date \_\_\_\_\_

Witness:

\_\_\_\_\_ Date \_\_\_\_\_