

New Patient Packet

Please fill out information and sign consent forms before initial visit.

Please fill out the following:

Patient Name: _____

Date of Birth: _____

Qualifying Condition(s): _____

Date of Visit: _____

Employment: _____

How did you hear about Medcan? _____

List of Qualifying Conditions:

A. Cancer B. Epilepsy C. Glaucoma D. HIV E. AIDS F. PTSD

G. ALS H. Crohn's I. Parkinson's Disease J. Multiple Sclerosis

K. Medical conditions of the same kind or class as or comparable to those enumerated in (a)-(j) above.

“K” conditions might include: Painful muscle spasms, Chronic low back pain with muscle spasms, Generalized Anxiety Disorder with or without Panic Attacks, Irritable Bowel Syndrome (IBS) and related bowel disorders, Debilitating Headaches, Autism with disabling Anxiety Component, fibromyalgia, Dementia or Alzheimer's with disabling Anxiety Component, nerve pain or neuropathies, non-parkinson's tremors, muscular dystrophy or other muscle disorders if accompanied by painful muscle spasm.

Medcan Florida Certification Clinic

Additional Patient Information and History:

***required information** needed to complete your medical cannabis use application for the state of Florida

Patient Name (First, Middle Initial, Last): _____

Primary Phone: _____

***SSN:** _____ - _____ - _____

***Email:** _____

Address on Driver's License or ID: Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Qualifying Condition(s):

Debilitating Aspects of Qualifying Condition(s):

Circle Pain Rating (if applicable, rate your pain levels at rest and while active from 0 to 10 (0 = no pain, 10 = extreme pain)

Pain at rest: (1-10) _____

Pain while active: (1-10) _____

Medical Information and Treatments

Medical History (include qualifying condition + any treatments):

Condition	Year	Treatment	Doctor

Medications Patient is Currently Taking:

Medication	How are you taking it?

Allergies:

What are you allergic to?	What is your reaction to it?

Surgical History:

Surgery	Year	Facility/Doctor

Family History:

Please list relevant family medical history: _____

Social History:

Marital Status: ____single ____married

Number of Children: _____

Divorced: ____Yes ____No If applicable, number of times divorced: _____

Widowed: ____Yes ____No If applicable, number of times divorced: _____

Lifestyle:

Activity level: ____low ____medium ____high

Type(s) of exercise: _____

Hobbies: _____

Alcohol & Tobacco:

Alcohol use: ____0 drinks a week ____a few drinks a week
____1-2 drinks a day ____2 or more drinks a day

Type: ____beer ____wine ____whiskey ____vodka ____Rum ____Gin

Tobacco use: ____does not smoke ____a few cigarettes a week
____1 pack a day ____2 or more packs a day

Have you ever tried to quit? ____Yes ____No

Race/Ethnicity Information (Optional):**Race:**

____American Indian/Alaska Native ____Asian/ Asian American ____Black/African America

____White Other: _____

Ethnicity:

____Not Hispanic/Latino ____Hispanic/Latino Other: _____

Medcan Florida Certification Clinic

Mark Moore, MD
Certified Physician

www.med-can.com

Email: doctor@med-can.com

Office Voicemail: (850) 222-2222

Request for Limitations and Restrictions of Protected Health Information

Patient Name: _____ Date of Birth: _____

Which of the following communications are acceptable for our office to communicate with you about your health information? Please check all that apply.

_____ Permission to leave a message to return a call to Home Phone.

Home Phone # _____

_____ Permission to return a call, leave a message or text Mobile Phone.

Mobile Phone # _____

_____ Permission to leave a message to return a call to Work Phone.

Work Phone # _____

_____ Permission to communicate with you via our secure email system.

Email: _____

If you authorize anyone else to discuss your health conditions, please list their name(s) below:

I understand that I may revoke this authorization in writing at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management. I understand that the revocation will not apply to information that has already been released in response to this authorization. I have the right to receive a copy of this authorization.

Signature of patient or legal guardian _____ **Date:** _____

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

The privacy of your health is important to us. You may request a copy of our notice at any time. For more information about privacy practices, please contact us using the listed information.

Contact Information:

Medcan Florida Certification Clinic

Mark Moore, MD

www.med-can.com

Email: doctor@med-can.com

Office Voicemail: (850) 222-2222

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This Notice takes effect September 1, 2019 and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserved the right to make changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including the health information we created or received before we made the changes. Before we make significant changes in our privacy practices, we will change this notice and make the new notice available upon request.

Patient Rights

Access to your health information: You have the right to look at or request copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must request in writing to obtain access to your health information. You may obtain a form to request access by using the medcan office contact information listed on this notice. If you request copies, we will charge you \$1.00 for each page, \$10.00 per hour for staff time to locate and copy your health information, and postage if you want copies mailed to you. If you request an alternate format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed on this notice for our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations, and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to the additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or alternative locations. **You must make your request in writing.** Your request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. You must request in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Electronic Notice: If you receive the notice on our website or by email, you are entitled to receive this notice in written form.

Notice of Privacy Practices

Uses and Disclosures of Health Information

We may use and disclose health information about you for circumstances like those included in the following examples:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use or disclose your health information to obtain payment for services we provide to you

Healthcare operations: We may use or disclose your health information in connection with our healthcare operations.

Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Your authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To your family and friends: We must disclose your health information to you, as described in the Patient Rights section of this notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons involved in care: We may use or disclose your health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-related Services: We will **NOT** use your health information for marketing communications without your written authorizations.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may use or disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may use or disclose your health information to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of an inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, emails, texts or letters).

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us with the information provided on this notice. If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may contact us using the contact information listed on this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Authorization of Medical Records Release

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____

Zip code: _____ Phone: _____

Email: _____

Doctor: _____

Fax #: _____

From: **Medcan Dr. Mark Moore, MD**

Address: **1849 Capital Medical Ct. Tallahassee, Florida, 32308**

Phone: **850-765-5625** Fax: **850-222-2222**

Information to be released: _____

Release to: **Medcan** Phone: **850-765-5625** Fax: **850-222-2222**

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this information to be used or disclosed as provided in CF 164.524.

Signature of Patient or legal guardian or legal representative

Date

Relationship to Patient if signed by guardian or representative: _____

MEDCAN PATIENT CONSENT FORM

1. I understand and agree that MEDCAN physicians act in a capacity limited to the certification of patients for medical cannabis under Florida Law and the recommendation of medical cannabis as an adjunct/additional treatment for patient conditions approved by the State of Florida. MEDCAN physicians' role does not include the diagnosis of a patient's qualifying condition, of new disease or the ordering of diagnostic tests. MEDCAN patients must maintain their relationships with their family doctors and other specialists to receive all diagnoses, other medical prescriptions, diagnostic tests, follow-up and treatments.
2. I've read MEDCAN Frequently Asked Questions (FAQ) on their website, familiarized myself with Florida and Federal laws and the risks involved with using medical cannabis as a medicine. I have or agree that I will read the MEDCAN Patient Information area on the MEDCAN website at www.Med-Can.com which gives informative material for patients about their condition and treatment with medical marijuana.
3. MEDCAN fees are paid for your office visit and are limited to within the scope of that visit. MEDCAN, our physicians, our staff and any related contractors are held harmless by the patient and assume no other liability for the continuing care or for the continued recommendation of medical marijuana beyond each office visit.
4. I agree to use any medicine with high THC only as directed and not while driving, or at work, and in the beginning slowly and with caution to determine its effects.
5. MEDCAN will honor patients request to use vaping if that is their preferred method, however I understand that MEDCAN and its physicians discourage smoking, inhaling or vaping, as the long term effects of inhaling chemicals into the lungs is unknown, may be found in the future to cause harm and I hold MEDCAN harmless specifically for any inhalation recommendations.
6. MEDCAN releases information to the State of Florida, The Board of Medicine and other related and/or associated agencies as per state law, and may be used for research there or here in our office by MEDCAN. I, the patient understand and agree to the release or use of any of my medical information as required.
7. I, the patient agree to receive reminder texts for my appointments, by Thryv, an independent contractor, who will only be given a name, mobile number and/or email address. No other identifying information will be given.

Patient Name: _____ Patient Signature: _____
Mark Moore, MD _____ Date: _____

MEDCAN OFFICE SMOKEABLES CONSENT FORM

Physicians at MEDCAN do not believe that smoking is a safe form of delivery for medicine, however, we feel that patients have a right to choose. We will authorize smokeables for a patient only after they have tried other methods, and personally determined they wish to use smokeables even considering the increased risk. All patients must read the following carefully and sign and date this consent form.

SMOKING IS DANGEROUS TO YOUR HEALTH—DO NOT SMOKE!

MEDCAN will honor patient requests for smokeables as above and only with the advisory for patients to administer any whole plant smokeables through safer methods such as oral intake of edibles or tinctures made in accordance with certified processes.

I, _____ have been advised by my doctor and understand that 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.

Notwithstanding the above, I have tried other methods of delivery of medical cannabis and at this time, I specifically desire to have my MEDCAN Physician allow the smokeables route for me, even in light of the increased risk to my health.

Circle all that apply and write in the number of years you have smoked:

tobacco smoker	marijuana smoker	chewing tobacco	non-smoker
_____ years	_____ years	_____ years	

X _____
Patient Signature

Date: _____

Mark Moore, MD

X _____
Physicians Signature



MEDCAN

Controlled Substances and Operating Vehicles

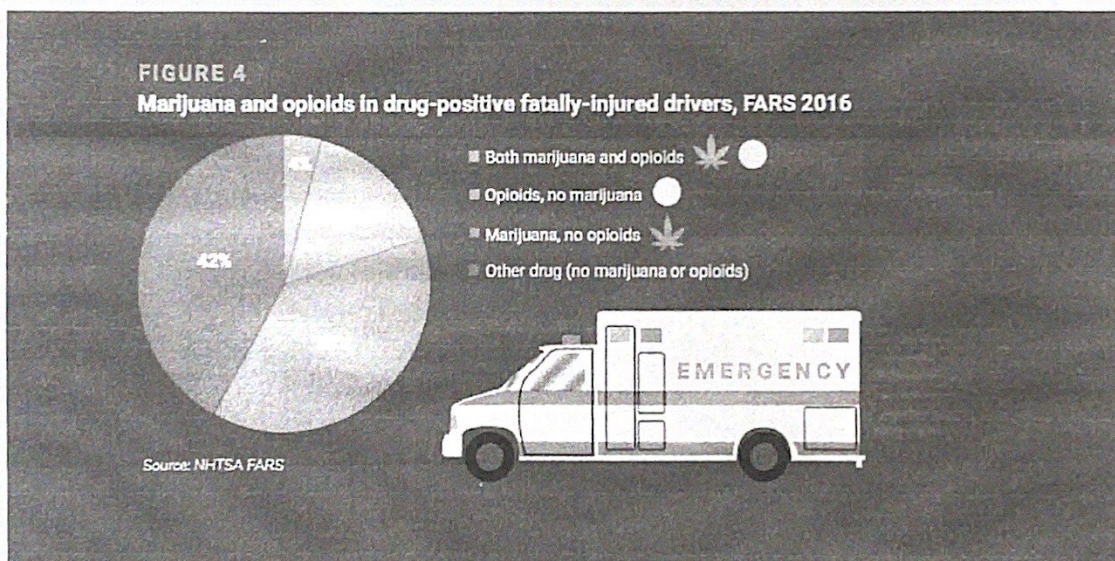
The National Transportation Safety Board investigates many accidents in all passenger transportation modes in which the use of an illicit medication by a vehicle operator has been casual or contributory. As a result, one of the recommendations made by the Safety Board is that licensed health care providers and pharmacists routinely discuss with patients the effect their medication use may have on their ability to safely operate a vehicle in any mode of transportation.

A Governors Highway Safety Association report from 2016 states that:

opioids and marijuana are the most common drugs found in fatally injured drivers.

(<http://www.safefhomealabama.gov/SafetyTopics/DriverIssues/ImpairedDrivers.aspx>).

However, many people operate under the false belief that opioids and marijuana don't impair their ability to drive. Destroying this myth requires campaigns to show drivers that impairment is impairment, regardless of the substance. It also asks health care providers to discuss the effects of medication use on the ability to safely operate a vehicle.



I acknowledge that I have read and understand the above.

Patient's Name: _____

Patient's Signature: _____

Date: _____

Physician's Initials: _____

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 Florida, 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. _____ (name of qualified physician).

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. _____ 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. _____ 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. _____ 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. _____ 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. _____ 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. _____ 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 marijuana 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 agree that cannabis smoking may be even more harmful than of tobacco smoking. Data collected from 15 volunteers suggest that smoking one cannabis joint can lead to four times the exposure to carbon monoxide and three to five times more tar deposition than smoking a single cigarette.

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.

- 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 sustain abstinence from cannabis use and impairments 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: For certification of smoking marijuana as an appropriate route of administration for a qualified patient, other than a patient diagnosed with a terminal condition

Acknowledgement of contaminant risks.

Smokable marijuana has infectious risks that are not present in processed products. Certain molds and mildews can contaminate marijuana plants during growing, processing, storage in dispensaries and in patient homes. These contaminants can pose health risks, particularly to those who are immunosuppressed due to their disease state and treatments. While the State of Florida requires third party testing you should still inspect your product.

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 marijuana smoking leads to similar deleterious effects of respiratory health, and some investigators agree that marijuana smoking may be even more harmful than that of tobacco smoking.

Information regarding health risks of 2nd and 3rd hand smoke to other household members.

You should never smoke medical marijuana around other family members, especially children and any household guests. You should smoke outside to allow adequate ventilation and to mitigate the dangers of secondhand and thirdhand smoke to others. Marijuana should never be smoked inside vehicles or other small spaces that children will occupy even if the children are not present at the time the product is consumed.

_____ **Dangers of smoking marijuana in households where oxygen is in use.**

If you use oxygen or have others in your household who use oxygen you should not smoke marijuana or any other combustible material in the vicinity of where the oxygen is in use due to the risk of fire and explosion.

_____ **Self-dosing, if permitted.**

I have been given instructions or discussed guidance on self- dosing with my qualified physician if permitted to do so.

Part D: 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. _____ has informed me of the nature of a recommended treatment, including but not limited to, any recommendation regarding medical marijuana.

Dr. _____ 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. _____ informed me of any alternatives to the recommended treatment, including the alternative of no treatment, and the risks and benefits. Dr. _____ 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 _____