

MEDICAL CANNABIS ACKNOWLEDGMENT OF DISCLOSURE AND INFORMED CONSENT

Read each item below and initial in the space provided to indicate that you understand and agree with the information regarding the risks and side effects of using cannabis, cannabinoids (i.e. THC and CBD), and their derivatives. Do not sign this agreement and do not use medical cannabis if you have questions about or do not understand the information you have received. Consult your doctor if you do not understand any of the information provided.

Patient Information

Name:		
DOB:	SSN:	Phone Number:
Residential Address:		
City:	State:	ZIP:
E-mail Address:		

DISCLOSURES

1. South Dakota legalized certain and limited activity for medical cannabis. Nonetheless, cannabis remains a Schedule I controlled substance under federal law, which states:

[I]t shall be unlawful for any person knowingly or intentionally (1) to manufacture, distribute, or dispense, or possess with intent to manufacture, distribute, or dispense, a controlled substance; or (2) to create, distribute, or dispense, or possess with intent to distribute or dispense, a counterfeit substance.
21 USC § 841(a)

Violations of federal marijuana law may be punishable by incarceration and fines. We are not authorized to give legal advice. Consult an attorney if you have questions or concerns. _____

2. The cannabis plant is not regulated by the United States Food and Drug Administration and therefore may contain unknown quantities of active ingredients, impurities, or contaminants. _____
3. The efficacy and potency of cannabis may vary widely depending on the cannabis strain and ingestion method. Estimating the proper cannabis dosage is very important. _____
4. The United States Food and Drug Administration has not found that any cannabis product is safe or effective for the treatment of any disease or condition. Further, research on the use of and the risks and benefits associated with cannabis is limited and the use of cannabis may create risks that are unknown at this time. _____

5. Smoking cannabis can cause or worsen respiratory diseases such as asthma and chronic bronchitis. Many researchers agree that cannabis smoke contains known carcinogens (chemicals that can cause cancer), and that smoking cannabis may increase the risk of respiratory diseases and cancers of the lungs, mouth, and tongue. _____
6. Cannabis smoke contains chemicals known as tars that can be harmful to my health. _____
7. Vaporizers may reduce many of the potentially harmful smoke toxins that are normally present in cannabis smoke. _____
8. Side effects of medical cannabis can include, but are not limited to: _____
 - Short-term memory loss
 - Irregular heartbeat
 - Slower reaction time/inability to concentrate
 - Poor physical condition
 - Cough/bronchitis/shortness of breath
 - Dizziness
 - Impaired vision
 - Drowsiness/fatigue/abnormal sleep
 - Depression
 - Laryngitis
 - Low blood pressure
 - Impairment of motor skills
 - Anxiety/nervousness
 - Dry mouth
 - Suppression of immune system
 - Hunger/Loss of appetite
 - Dependency
 - Confusion
 - Feelings of euphoria
 - Headache/nausea/vomiting
 - Numbness
 - Paranoia/psychotic symptoms
 - Sedation
9. Symptoms of cannabis overdose include, but are not limited to, nausea, vomiting, and/or disturbances to heart rhythm. If you experience any of these symptoms, call 9-1-1 immediately. _____
10. For some patients, chronic cannabis usage can lead to apathy, general demotivation, and loss of productivity. There is little known regarding how cannabis may or may not react with other pharmaceutical or herbal medications. _____

11. Some patients can become dependent on cannabis. This means they experience withdrawal symptoms when they stop using cannabis. Signs of withdrawal can include feelings of depression, sadness or irritability, restlessness or mild agitation, insomnia, sleep disturbance, unusual tiredness, trouble concentrating, and loss of appetite. _____
12. Some users develop a tolerance to cannabis. This means higher and higher doses are required to achieve the same symptom relief. _____
13. The possibility exists that cannabis may exacerbate schizophrenia in persons predisposed to that disorder. _____
14. Some studies indicated that cannabis use may exacerbate symptoms associated with post traumatic stress disorder (PTSD). _____
15. Studies indicate that cannabis use may have a negative effect on babies *in utero*, and infants breastfeeding. If you are pregnant, may become pregnant, or breastfeeding, or if there is a person in your household who is pregnant, may become pregnant, or breastfeeding, consult with your obstetrician or other healthcare provider about the possible impact of cannabis use. _____
16. Cannabis use while pregnant or breastfeeding is not recommended. _____
17. Using cannabis and alcohol at the same time, or using cannabis or alcohol while under the influence of the other, is dangerous and not recommended. _____
18. The use of cannabis may affect coordination and cognition in ways that would very likely impair an ability to drive, operate heavy machinery, or engage in potentially hazardous activities. _____
19. I understand that I am being evaluated for written certification from my doctor that in their professional opinion I am likely to receive therapeutic or palliative benefit from the medical use of cannabis to treat or alleviate a debilitating medical condition or symptom/s associated with the debilitating medical condition. I am not being evaluated for nor will I receive a prescription for medical cannabis. _____
20. Written certification does not mean that medical cannabis is the best or most effective treatment option for my debilitating medical condition or symptom/s thereof. Neither my doctor nor the business establishment nor its employees are encouraging me to in fact obtain and use medical cannabis. _____

MEDICAL CANNABIS PATIENT AGREEMENT

1. I have read and understand the foregoing disclosures and have initialed next to each to acknowledge this understanding. _____
2. I understand that side effects may occur while I am taking cannabis products. _____
3. In the event of overdose, I am advised to contact my provider. If my doctor is not available immediately, I AGREE to call 9-1-1 for help and I agree to follow their instructions. _____
4. I AGREE to tell my doctor if I have ever had symptoms of depression, been psychotic, attempted suicide or had any other mental health problems. I AGREE to tell my doctor if I have ever been prescribed or taken medication for any of these problems. _____
5. If I start taking medical cannabis, I AGREE to tell my doctor if I experience any of the following symptoms: _____
 - Start to feel sad or have crying spells
 - Lose my appetite
 - Become unusually tired
 - Lose interest in my usual activities
 - Have changes in my normal sleep patterns
 - Become more irritable than usual
 - Withdraw from family and friends
6. Should I experience respiratory problems or other ill effects associated with the use of medical cannabis, I AGREE to discontinue its use and report any such problems or effects to my doctor. _____
7. I AGREE THAT I WILL NOT OPERATE A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF CANNABIS. _____

Patient's Signature _____ Date _____