

# PATIENT CONSENT FORM

Medicinal Cannabis



## Patient Details

Name:	DOB:
Email:	Phone:
Address:	

## Patient Screening

<b>1. Do you have a chronic condition that has been diagnosed by a doctor?</b> (Medical condition that lasted >3 months - examples include chronic pain, anxiety, depression, insomnia, migraine) Please list condition(s) below:	YES	NO
<b>2. Have you been taking prescription medication for your condition?</b> (Examples include Opioids, Anti-inflammatories, Steroids, Antidepressants, SSRIs) Please list medication(s) below:	YES	NO
<b>3. Has the medication been unsuccessful in treating your symptoms?</b> <b>Or, do you experience adverse side-effects?</b> Please describe further below:	YES	NO
<b>4. Do any of the below contraindications apply to you?</b> (THC should <u>NOT</u> be initiated if you are meeting these criteria) <input type="checkbox"/> History of psychosis <input type="checkbox"/> Unstable cardiac disease <input type="checkbox"/> Under 18 years of age <input type="checkbox"/> Pregnant or lactating	YES	NO
<b>5. Have you ever self-medicated or are you currently self-medicating with cannabis?</b>	YES	NO

**Note:** A TGA Approval can be submitted for assessment if the following applies - there is a chronic condition lasting >3 months, that is an approved indication, where conventional therapies have been trialled and there are no contraindications to THC.

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## Patient Declaration

<b>Side-effects:</b> I understand the risks associated with medicinal cannabis treatment and that the potential long-term side-effects are unknown. I agree to report any adverse effects I experience from taking medicinal cannabis, including but not limited to changes in the levels of sedation, fatigue, dry mouth, nausea, diarrhoea, and drowsiness.	YES	NO
<b>Unregistered Medicine:</b> I understand that medicinal cannabis is an unregistered medicine in Australia and that its quality, safety, and efficacy have not been assessed by the Australian government's Therapeutic Goods Administration. I agree that the prescribing doctor will report my treatment outcomes to the government.	YES	NO
<b>Cost:</b> I understand that the first bottle of medication is free of charge as part of an observational study and that any future costs of medicinal cannabis are solely my responsibility.	YES	NO
<b>Driving:</b> I understand that I must not drive or operate heavy machinery whilst taking medicinal cannabis containing THC. If I drive under these circumstances, I am breaking the law and a legally issued prescription does not provide a defence to such an offence.	YES	NO
<b>Medication interaction:</b> I understand that medicinal cannabis might interact with my other medications, and doses may need to be adjusted accordingly. I agree to notify my prescribing doctor of any changes in my other medications, and that I will not use any form of cannabis other than that prescribed, including any illicit form of cannabis (marijuana).	YES	NO
<b>Monitoring:</b> I agree to follow my doctor's recommendation regarding dosing and to attend regular follow-up consultations as directed by my doctor. I agree to keep a log of my doses and changes in symptoms due to medicinal cannabis, and understand that my clinical outcomes may be shared for research purposes.	YES	NO

## Acknowledgement

I, \_\_\_\_\_, declare that all answers in this Consent Form are true and correct to the best of my knowledge and belief.

Patient Signature

Date