

Medicinal Cannabis Treatment Consent Form

OVERVIEW OF CONSENT FORM

The primary objective of this consent form is to provide the necessary information (in conjunction with the clinical consultation) to allow patients to make an informed decision and consent for Medicinal Cannabis (MC) treatment. Further objectives of this treatment consent form are:

1. To describe the benefits, risks and possible complications of the treatment.
2. To explain the patient's responsibilities.
3. Explain your clinician's duty of care statement.

BENEFITS, RISKS, AND POSSIBLE COMPLICATIONS OF MEDICINAL CANNABIS

I acknowledge that:

1. MC is generally considered an experimental or investigational drug and, in many cases, there is limited data from which to draw specific recommendations for treatment (for more information visit: <https://www.tga.gov.au/medicinal-cannabis-guidance-documents>).
2. MC drugs are in general not registered in Australia for use in my condition by the Therapeutic Goods Administration of the Australian Department of Health and Ageing, and as such arrangements to access to MC drugs is to be made through a Special Access Scheme pathway.
3. MC benefits and harms in children, pregnancy and breast-feeding are not well investigated.
4. I waive my rights to claim against the possibility of side-effects, risks, and unknown risks.
5. MC may interact with my current medications and cause side effects from these medications.
6. Possible side-effects of a MC treatment, especially with Tetrahydrocannabinol (THC), may include and are not limited to: Asthenia (abnormal physical weakness or lack of energy), Confusion, Disorientation, Dizziness, Drowsiness, Vertigo, Sleepiness, Sedation, Balance problems, Coordination, Memory problems, Diarrhoea, Dry Mouth, Fatigue, Hallucinations, Anxiety, Paranoid thoughts, Increased appetite, Vomiting or Nausea, Cannabis use disorder, Cognitive impairment, Chronic bronchitis (if inhaled/smoked), Nausea, Light-headedness, Uncontrolled laughter or Euphoria.

PATIENT RESPONSIBILITIES

I have had a good opportunity to discuss MC treatment and my personal health; and I agree to the following:

1. I declare that I do not have any of the following medical conditions which are potentially dangerous or contra-indicated with THC containing MC:
 - Hypotension (low blood pressure).
 - Cannabis misuse or addiction.
 - History of schizophrenia or psychotic illness.
 - Family history of schizophrenia or psychotic illness.
 - Unstable or severe heart disease.
2. Regular monthly reviews with my prescribing clinician, unless otherwise instructed.
3. To carefully follow the clinician's advice on dosage and frequency of MC.
4. Guarantee I maintain a healthy lifestyle that will help my condition/symptoms.
5. Avoiding alcohol, intoxicants, or recreational drugs that will interact with MC treatment.
6. Following doctor advice on blood testing or investigations.
7. Informing the clinicians of all concurrent medications or supplements.

8. I will inform my doctors if MC does not work for my condition or symptoms.
9. I will report if I suffer any adverse event, side-effect and reactions to my prescribing physician.
10. I will be aware and adhere to any laws relating to the operation of any: vehicle; boat; aircraft; machinery; or other with regard to use of THC or MC and blood, serum, saliva, or other levels, and I further agree that it is my responsibility and I absolve my prescribing clinician and anyone else.

YOUR CLINICIAN'S DUTY OF CARE

Your clinician can provide further suggestions for patients who would like more information. This can include making a further appointment with your doctor to discuss doubts and fears more clearly. Your clinician can explain the information to patients again in simpler terms and can provide a referral to another specialist for another opinion. Your clinician can also provide information in another language or via a translator if patients cannot understand materials written in English.

FINAL DECLARATION

I declare that:

1. I agree that all the necessary information has been provided to make an informed decision.
2. I understand the potential benefits, risks and possible complications of the treatment.
3. I agree that MC may not work for my medical conditions.
4. I confirm that my prescribing doctor has provided me with all appropriate information concerning MC treatment. As such, I am satisfied to fully consent to MC treatment, and I request no further information on MC treatment at this time.
5. I state that it is my responsibility alone to ensure I comply with all laws, work contracts, safety guidelines and sundry regarding MC treatment and THC levels within my body.
6. All costs of accessing, purchasing, using and sundry of MC are my personal responsibility.
7. I agree not to share, sell, lend, trade, transport/ship MC or in any way give my MC to any other person. I realise this is an illegal act. I also agree that my doctor and my pharmacist may work with the police to investigate any alleged misuse or sale of my MC.
8. If signed on behalf of a dependant patient, I acknowledge that I accept full responsibility for MC use on behalf of the patient.

Signed by Patient / Guardian:

Patient Full Name: _____

Patient DOB: _____

Guardian's Name: _____

Date: _____

Signed by Doctor:

Doctor's Name: _____

Date: _____
