

Medical Cannabis Consultation Questionnaire

Mandatory Consent. Please check box to authorize

- ☐ I authorize any Greenleaf Medical Clinic physician to make direct contact with a current, treating primary care physician to determine whether excessive use of marijuana has harmed myself, the patient.

PATIENT INFORMATION		
Last Name:	First Name:	Date of Birth:
Height:	Weight:	Gender :
Home Phone:	Cell Phone:	Work Phone:
Email Address:		
MEDICAL HISTORY		
List the medical condition(s)/problem(s) for which you use or would like to use medical cannabis:		
Explain ALL conventional therapies attempted to assist you with the management of your medical condition(s) in which you are seeking to use cannabis and explain how these treatments have not been successful.		
List the name, last date seen and type of health care provider (doctor, chiropractor, therapist, psychologist, counselor, specialist or other (please specify) that you consult for your medical condition(s)		
List all treatments you use for your medical condition (massage, herbal therapy, exercise or other (please specify)).		
PRIOR SURGERIES		
List all prior surgeries:		

CURRENT MEDICATIONS
List all of your medications including dosage:
List any medications you are allergic to:
DRUG AND ALCOHOL HISTORY
Do you currently use:
Tobacco <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, how many cigarettes per day?
Alcohol <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, how many drinks per week?
Have you been evaluated by another physician for medical marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when were you evaluated?
Name of the physician that evaluated you?
Do you use marijuana to reduce or eliminate the use of any medications that have been prescribed for your medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which medication(s) have you reduced or eliminated and why? Please include dosage details.
How often do you use marijuana?
<input type="checkbox"/> Everyday <input type="checkbox"/> Every other day <input type="checkbox"/> 1-2 times per week <input type="checkbox"/> more than once a month <input type="checkbox"/> Other
How much marijuana do you currently use per day, measured in grams:
What is your preferred method of using marijuana?
<input type="checkbox"/> Smoking <input type="checkbox"/> Vaporizing <input type="checkbox"/> Ingesting <input type="checkbox"/> Topical
How effective is marijuana for your medical condition?
<input type="checkbox"/> Very effective <input type="checkbox"/> Effective <input type="checkbox"/> Only somewhat effective
How else does marijuana affect you?
Do you regularly experience unpleasant/unwanted side effects of marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

I understand that the information I have been asked to provide to the Greenleaf Medical Clinic and/or the Physician is for the diagnosis and treatment of the medical condition(s) for which I want to access medical marijuana.

I understand that if I have not accurately and completely disclosed the requested information, it may adversely impact the Physician's ability to diagnose my condition and recommend appropriate medical marijuana treatment.

I certify that the information in this questionnaire is accurate and complete.

Privacy Policy

We at MedicalMarijuana.ca and the Greenleaf Medical Clinic respect and value your privacy. When you submit information to us, this privacy policy is part of our agreement. We may collect, use, retain or disclose information about you only for these legitimate purposes:

- To carry out the normal operations of our business. These may include answering your queries, processing your connection with a patient or Licensed Producer and maintaining proper tax and accounting records;
- To send you information about our services, unless you advise us not to;
- To carry out any other activity which has your consent;
- To comply with legal requirements or so that we can respond to any complaints or claims against us.

When trusted third parties (such as our accountants or a delivery company) are performing a service for us or for you, we may provide them with our information about you only to the extent they need it to perform that service. We will not sell or lease information about you, with these exceptions:

- If we reorganize our company (ies), or sell or lease our business, the new entity, owner or operator will assume any rights we have in respect of our information about you. We would obtain reasonable assurances that your privacy would continue to be respected;
- We may create and provide data that is in a form that does not permit you to be identified.

Who has Access to Information Collected?

Who has access to personal information collected by MedicalMarijuana.ca and the Greenleaf Medical Clinic?

We strictly control access to your personal information to our employees who need this information in order to serve you or to employees who analyze our performance in order to measure and improve our services. Employees are kept up-to date with regard to the privacy and security practices of MedicalMarijuana.ca and Greenleaf Medical Clinic.

We reserve the right to co-operate with local, provincial and national officials in any investigation requiring either personal information including any personal information provided online through MedicalMarijuana.ca or reports about lawful and unlawful user activities on the Web site.

If you ask us, we will remove any information about you from our files, unless some legitimate purpose makes it reasonable for us to retain it for some additional time. We will also review our files from time to time with a view to identifying and deleting stale information.

INFORMED CONSENT

By signing this document, you acknowledge that you have been informed of and understand the following:

1. The physicians, the clinic staff, and/or clinic representatives are neither providing nor dispensing medical marijuana.
2. Prior to your appointment, you are required to submit a copy of your most recent government issued photo ID.
3. The physician or clinic staff will NOT be providing or discussing information regarding any other way of obtaining medical marijuana other than from a Health Canada approved licensed producer.
4. If you are a BC resident, Dr. Shaw and/or clinic staff will review your PharmaNet information. You are required to complete the "Patient Consent to Access PharmaNet" form found at this link: https://www.health.gov.bc.ca/exforms/mpap/4530_Appendix1.pdf
5. The physician is evaluating you for the use of medical cannabis and will make her recommendation based in part, on the medical information you have provided. It is your responsibility to ensure that there is no misrepresentation of your medical information submitted in order for you to obtain a recommendation to use cannabis for your medical condition.
6. You agree to only use medical cannabis for the treatment of your medical condition as agreed upon by the physician and not for recreational or non-medical purposes.
7. The physician is addressing specific aspects of your medical care and, unless otherwise stated, is in no way establishing herself as your primary care physician.
8. Should the physician approve you for the use of medical cannabis, it is your responsibility to ensure that a renewal appointment is made **one month** prior to your expiry date. During your renewal appointment the physician will re-evaluate the possible continuance of cannabis.
9. You understand that it is your responsibility to stay informed regarding provincial and federal laws regarding the possession, use, sale/purchase and/or distribution of medical marijuana.
10. Health Canada, the physician and the Greenleaf Medical Clinic staff advise you that using cannabis is prohibited while driving or performing hazardous tasks such as operating heavy machinery. The same applies to safety-sensitive occupations such as health professionals and the supervision of children. Depending on dosage and administration, impairment can last over 24 hours following last usage.

11. The 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, inability to concentrate, impaired motor skills, paranoia, psychotic symptoms, general apathy, depression and/or restlessness.
12. Marijuana may exacerbate schizophrenia in persons predisposed to the disorder.
13. Marijuana use may also cause excessive talking and eating, alter your perception of time and space and impair your judgment.
14. You understand that using marijuana while under the influence of alcohol is not recommended. Additional side effects may become present when using both alcohol and marijuana.
15. Smoking marijuana may cause respiratory problems and harm, including; bronchitis, emphysema and laryngitis. In the opinion of many researchers, marijuana smoke contains known carcinogens (chemicals that cause cancer) and smoking marijuana may increase the risk of respiratory diseases and cancers in the lung, mouth and tongue. In addition, marijuana smoke contains harmful chemicals known as tars. If you begin to experience respiratory problems when using marijuana, you agree to stop using it and report your symptoms to a physician.
16. The physician and/or the Greenleaf Medical Clinic staff will inform you of alternatives to smoking marijuana.
17. The risk, benefits and drug interactions of marijuana are not fully understood. If you are taking medication or undergoing treatment for any medical condition, you understand that you should consult with your primary care physician(s) before you marijuana and that you should not discontinue any medication or treatment previously prescribed unless advised to do so by your primary care physician.
18. Individuals may develop a tolerance to and/or dependence on marijuana. If you develop signs of withdrawal, which can include; feelings of depression, sadness, irritability, insomnia, restlessness, agitation, loss of appetite, trouble concentrating, sleep disturbances, and unusual tiredness, contact the Greenleaf Medical Clinic.
19. Symptoms of marijuana overdose include but are not limited to; nausea, vomiting, hacking cough, disturbance in heart rhythm, numbness in hands, feet, arms or legs, anxiety attacks and incapacitation. If you experience these symptoms, you agree to contact your primary care physician, call 911 or go to the nearest emergency room.
20. If the Greenleaf Medical Clinic subsequently learns that the information you have furnished is false or misleading, the recommendation by the physician for marijuana may be revoked. You agree to promptly meet the Greenleaf Medical Clinic and/or provide additional

information in the event of any inaccuracies or misstatements in the information you have provided.

21. Recommendations made by the Greenleaf Medical Clinic about Licensed Producers, strains and methods of intake are recommendations **ONLY**.
22. If you do not understand any of the above, you agree to contact the Greenleaf Medical Clinic for clarification.
23. The Greenleaf Medical Clinic is a private clinic that charges a fee for service. For an updated fee structure, please visit our web-site www.greenleafmedicalclinic.com. The clinic has a 7 day cancellation policy. Failure to cancel your appointment within the 7 days will result in a \$50.00 charge. To cancel an appointment, you must speak directly with one of the clinics medical office assistants. Cancellations by email or phone message will not be accepted.

Patient Signature: _____ Date: _____