

Physician-Patient Contract for Medical Cannabis Prescribing

General

1. This is an agreement between _____, Dr. _____ and the Medical Cannabis Therapy Program (MCTP), concerning the use of Medical Cannabis for the treatment of _____.

I, _____, request treatment of my condition with medical cannabis. As a result, I hope that I may become more functional and improve my quality of life. I have been treated with other therapies for my condition, which have not provided adequate relief of my symptoms.

2. I understand that medical cannabis is a strong drug and that there are insufficient random clinical control trials on the clinical risks and benefits of this drug, including the proper dosage to be used for various medical conditions and symptoms, and the potential interactions between this drug and other medications. As such, I understand my physician and the MCTP may not be knowledgeable about all the risks associated with medical cannabis use.

Risks and Side Effects

3. I have been informed of the known risks and side effects of taking medical cannabis, including, but not limited to: nausea, diarrhea, dry mouth, drowsiness, sedation, dizziness, fast or slow heartbeat, fainting, clumsiness, confusion, fuzzy thinking, impaired attention, impaired concentration, impaired short term memory, facial flushing, red eyes, agitation, anxiety, paranoia, delusions, hallucinations and amnesia.

4. When I first start taking medical cannabis, I may experience the adverse mood reactions noted above. With long term use of medical cannabis, the effects on attention, concentration and short term memory may worsen and can persist after I stop using medical cannabis.

5. If I smoke medical cannabis, I may develop a cough and/or wheeze which may persist with long term use and may result in lung damage.

6. I understand that some side effects of medical cannabis are made worse when used with other medication; for example, drowsiness, sedation and dizziness are worse when medical cannabis is used with sleeping medication, tranquilizers, pain medications, antihistamines and seizure medications to name a few. I understand it is my responsibility to inform my physician and the MCTP of any and all side effects I have with this treatment.

7. I understand that if I am pregnant or become pregnant while taking medical cannabis, my child may acquire behavioral and attention problems as a result of prenatal exposure to cannabis use, as well as other unknown complications. It is believed there is also an increased risk of sudden infant death syndrome in babies born to mothers using cannabis in pregnancy.

Authorization (Prescription)

8. I agree to take medical cannabis as prescribed by my physician and the MCTP and not to change the amount or frequency used without first discussing it with my prescribing physician/ MCTP. Running out early, needing early refills, escalating doses without permission and losing any products may be signs of misuse and may be reasons for my physician/MCTP to discontinue prescribing medical cannabis to me.

9. I agree that my medical cannabis will only be prescribed by Dr. _____, unless in an absolute emergency, my medical cannabis will be prescribed by a covering CKFHT physician.

10. I agree to fill my prescription using a maximum of two licensed producers (primary and secondary) and will update my physician/MCTP if I change a licensed producer.

Name _____,
Address _____,
Telephone number _____.

Name _____,
Address _____,
Telephone number _____.

11. I agree to tell my physician/MCTP all medications I am taking including over the counter such as pain medications, herbs, vitamins, etc. I agree not to take any other pain medications or mind altering medications other than those prescribed to me by my physician or that my physician is aware of (OTC as above). I will not seek such prescriptions from other physicians.

12. I agree to tell any other physician who might treat me that I take medical cannabis for medical reasons.

13. I agree to tell my physician/MCTP if I get any new medications prescribed to me by any other physician and if any doses of my current medications are changed by another physician.

14. I understand that using medical cannabis with other drugs, such as alcohol, tranquilizers, sleeping pills, or other mood stabilizers may lead to an overdose. I agree not to use any illegal drugs with my medical cannabis, including cocaine, crack, amphetamines (speed, crystal meth, ecstasy) and hallucinogens (LSD, mushrooms, PCP).

Legal Implications

15. If medical cannabis causes me to become drowsy, sedated or dizzy, I understand I must not drive a motor vehicle (including all terrain vehicles, snowmobiles, boats, etc) or operate machinery that could put my life or someone else's life in jeopardy. If I do drive while using medical cannabis, I can be charged with 'Impaired Driving'. If I am charged with impaired driving, while using medical cannabis, I agree that Dr. _____ /MCTP is not to blame and will not be named in any resulting legal action. I accept full responsibility for any and all risks associated with the use of medical cannabis.

16. If necessary, my physician has a legal obligation under Section 233 of the Highway traffic Act to inform the Registrar of Motor Vehicle of my clinical condition and that my treatment may make it dangerous for me to drive.

17. I agree to keep my medical cannabis in a safe and secure place, away from children and/or pets. Lost, stolen or damaged medical cannabis will not be replaced. I will report any stolen medical cannabis to the police and my physician/MCTP immediately.

18. I agree not to share, sell, lend, trade, transport/ship medical cannabis or in any way give my medical cannabis to any other person. I realize this is an illegal act. I also agree that my physician and MCTP may work with the police to look into any alleged misuse or sale of my medical cannabis.

19. I give permission to the above named physician/MCTP to verify that I am not seeing other physicians for prescriptions of medical cannabis, opioids or other mind altering medications and to verify that I am only going to the above listed licensed producers. It is illegal to obtain prescriptions for controlled substances and/or medical cannabis from two different physicians at the same time ("double doctoring").

Monitoring

20. I agree to submit to a witnessed urine/saliva or blood specimens at any time that my physician requests and give my permission for them to test for alcohol and other drugs.

21. I agree to attend all appointments my physician/MCTP makes for me; tests, assessments and treatment with other healthcare workers, such as nurses, pharmacists, other doctors, physiotherapists, psychologists, addiction counsellors and for renewal of my medical cannabis treatment. I consent to open communication between my doctor and any other healthcare professional involved in my healthcare.

22. I agree to a conference with my family or close friend(s), if my physician/MCTP feels it is necessary and requests it.

Prescription Termination

23. I agree to attend all requested follow-up visits in regards to monitoring my medical cannabis use and I understand that failure to do so could result in the discontinuation of my medical cannabis treatment.

24. I understand there is a risk of becoming addicted to medical cannabis. This means I might become psychologically dependent on medical cannabis, using it to alter my mood or get high. I may be unable to control my use of it. People with a past history of alcohol or drug problems are more susceptible to addiction. If this occurs, **my medical cannabis prescription will be discontinued** and I will be referred to a drug treatment program for help with this problem.

25. I understand that violent behavior or threats toward my physician, the staff or other patients is illegal and is not allowed. If this happens, my physician may stop prescribing medical cannabis to me. I may be asked to leave the office, and the police shall be called. (In addition, **my physician may decide to stop providing me medical care altogether.**)

26. If I violate this agreement, I understand that my physician may discontinue my medical cannabis treatment.

I have read the above agreement and understand it. I have had the opportunity to ask any questions I have regarding medical cannabis and its use, in particular to my health condition. My concerns and questions have been addressed to my satisfaction by my physician or pharmacist or nurse.

Patient's signature: _____

Prescriber/ Physician's signature: _____

Date: _____

Amended April 27, 2020