



Medicinal Cannabis Treatment Consent Form

Patient Full Name: _____

Patient DOB: _____

Overview of Consent Form

The primary objective 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 Cannabis Doctors Australia Pty Ltd (CDA) treatment consent form are:

- 1) to describe the benefits, risks and possible complications of the treatment.
- 2) to explain the patient's responsibilities.
- 3) to establish a patient registration scheme for medicinal users of cannabis.
- 4) explaining CDA'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 you can 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 pathways.
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 problems, 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:

7. 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.
8. Regular monthly reviews with my prescribing clinician, unless otherwise instructed.
9. To carefully follow the clinician's advice on dosage and frequency of MC.
10. Guarantee I maintain a healthy lifestyle that will help my condition/symptoms.
11. Avoiding alcohol, intoxicants, or recreational drugs that will interact with MC treatment.
12. Following doctor advice on blood testing or investigations.
13. Informing the clinicians of all concurrent medications or supplements.
14. I will inform my doctors if MC does not work for my condition or symptoms.
15. I will report if I suffer any adverse event, side-effect and reactions to my prescribing physician.
16. I will be aware and adhere to any laws relating to the operation of any: vehicle; boat; aircraft; machinery; or other regarding the use of THC or MC and blood, serum, saliva, or other levels, and I further agree that it is my responsibility and I absolve CDA and anyone else.

Patient Registration Scheme

I consent to be part of a patient registration scheme for medicinal users of cannabis. I agree:

17. That once available, I may be given access to CanView monitoring program and I will use the CanView program to monitor my symptoms and progress.
18. to CanView tracking and monitoring of my MC prescription and personal clinical details.

19. Any data entered into CanView becomes the property of CDA and I release any claim of ownership I have over the data collected by CanView.
20. That I may be contacted with further information on MC as it is made available by CanView, CDA, or CDA employees.

CDA’s Duty of Care

21. CDA can provide further suggestions for patients who would like more information, and this can include making a further appointment with your doctor to discuss doubts and fears more clearly. CDA can explain the information to patients again in simpler terms and can provide a referral to another specialist for another opinion. CDA can also provide information in another language or via a translator if patients cannot understand materials written in English.
22. CDA and CanView monitoring program have a duty to adhere to the legal procedures relating to the security and privacy of electronically transmitted and stored information. Including a duty of confidentiality which is protected in the Privacy Act 1988 to ensure adequate standards of security and privacy.

Final declaration

I declare that:

23. I agree that all the necessary information has been provided to make an informed decision.
24. I have been advised of the appropriate dosage;
25. I understand the potential benefits, risks and possible complications of the treatment.
26. I agree that MC may not work for my medical conditions.
27. I confirm that my prescribing doctor has provided me with all appropriate information concerning MC treatment, I am satisfied to fully consent to MC treatment, and I have had the opportunity to make further requests for information and I do not have any further requests for information on MC treatment at this time.
28. 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.
29. I have been advised that my prescribing doctors and team may have an interest in CDA Health Pty Ltd (CB8), which has ownership interests in Cannabis Doctors Australia Pty Ltd (CDA) and Burleigh Heads Cannabis Pty Ltd (BHC), or other MC and Hemp companies and brands. Furthermore, I have been advised that my prescription, treatments or recommendations may profit CB8 or my prescribing doctor or team.
30. All costs of accessing, purchasing, using and sundry of MC are my personal responsibility.
31. I agree not to share, sell, lend, trade, transport/ship MC or in any way give my MC to any other person. I realize 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.
32. If there is a payment made by me as part of my consultation to CDA, a related body corporate of CDA may take that payment on behalf of CDA. If I do not pay any charges associated with the consultation or provision of services by CDA, CDA may pursue the payment of those debts, and I must pay CDA’s costs in doing so, including (without limitation) administrative, legal and court fees) on an indemnity basis, and CDA may charge interest on any overdue amount payable to CDA by me. I agree Interest will be charged from the Due Date until payment is received at a rate 2% above the Commonwealth Bank Corporate Overdraft Reference Rate or such other equivalent interest rate basis plus 2% should the Commonwealth Bank Corporate Overdraft Reference Rate be no longer published.
33. If signed on behalf of a dependant patient, I acknowledge that I accept full responsibility for MC use on behalf of the patient.
34. I have been advised and understand that it is an offence, under section 79(2AA) of the Transport Operations (Road Use Management) Act 1995 (Qld), or equivalent State or Territory legislation, for a person to drive, attempt to put in motion, or be in charge of, a motor vehicle, tram, train or vessel, while the person has delta-9-tetrahydrocannabinol present in the person’s blood or saliva.

Signed by Patient or Legal Guardian: _____

Legal Guardian’s Name: _____

Date: _____

CDA Doctor’s Name: _____

Signed by CDA Doctor: _____