

Medical Cannabis Treatment Agreement

Patient's Name: _____ DOB: _____ Contact: _____

I understand that my pain management clinician who is helping me with the treatment of my chronic pain condition is considering the use of medical cannabis in my pain treatment. I understand it is important to recognise that the risks of medical cannabis may be influenced by specific medical conditions and patterns of use. I understand what had been explained to me and had the opportunity for further discussions and agree to the following conditions of treatment:

- I must prevent children and adolescents from gaining access to medical cannabis because of potential harms to their health. I will store cannabis in locked cabinets to prevent anyone else from using it.
- I know that some people cannot control their use of cannabis. They use it for reasons other than for what it was prescribed for such as pain relief such as getting stoned. This may lead to not going to work or doing household chores. I agree to discuss this with my doctor if this happens.
- I realise that unless specifically recommended by my doctor, I should abstain from medical cannabis if:
 - I am pregnant and am of child-bearing age.
 - I am middle-aged or older and have a heart disease or heart rhythm disturbance.
 - I have a history of serious mental illness e.g. schizophrenia, mania or a history of hallucinations or delusions
- I will avoid smoking cannabis and use other illegal drugs e.g. Speed, cocaine etc or drink alcohol excessively.
- I will not drive a car or operate heavy machinery after use of medical cannabis. I will use a designated driver for automobile transportation if I have to go out after taking this medicine.
- I will use the minimum amount of medical cannabis needed to obtain relief from pain or other symptoms.

- I might notice a withdrawal syndrome for 2 weeks if I stop the medical cannabis treatment abruptly. Trouble getting to sleep and angry outbursts might require that I withdraw from the cannabis slowly.
- I understand that the course of treatment will have to be reevaluated regularly after I start the medical cannabis.
- I know that there may be no legal precedent to help me if I am terminated from employment or to show cause in dealings with other authorities if a urine toxicology screen is positive for cannabis.
- I know that I may be encouraged to reduce or stop my intake of other medications such as opioids (narcotics), sedative hypnotics (benzodiazepines) and / or alcohol. This will be done to reduce the risk of side-effects from a combination of medications that affect the central nervous system.

In addition, as with all pain medicines, I will:

- Tell my doctor about ALL the medicines (including over-the counter, herbs, vitamins) and all of my health problems.
- Take my pain medicine as prescribed and will not take more medicines or change how I take the medicines on my own accord. If the pain medicine is not helping me and if I need more medicine, I will talk to my doctor first.
- Attend regular appointments. I will only ask for prescriptions during my appointment and will not just walk into my doctor's office and ask for a prescription.
- NOT give, share, sell or exchange my pain medicine with anyone or use someone else's pain medicine. If my medicine is lost, damaged or stolen, I may not get a new prescription.
- I will have a urine or blood test at any time if requested, to check what drugs I am taking.
- I will not act aggressively towards my doctor or other health care staff.
- I will bring all my unused pain medicine to my doctor if requested to do so.
- I will allow my doctor to check with the Doctor shopping hotline on my previous medication prescriptions.

I understand that:

- If I do not do all the things listed above, my doctor may no longer prescribe the medical cannabis for me.
- This cannabis medicine is only a part of my pain management treatment. It is not the only treatment. My treatment ideally should incorporate exercises, learning coping strategies and paying attention to my diet. Should this cannabis medicine not work for my pain then my doctor may stop giving this type of pain medicine to me.
- There are side effects of cannabis medicine which may include dizziness, sedation, disorientation, confusion, hallucination, paranoia, euphoria, balance problem, fatigue, asthenia, depression, anxiety, dry mouth, nausea & vomiting and diarrhoea.
- If the pain medicine is suddenly stopped, I may get an unpleasant withdrawal reaction which can include anger outburst and aggression, decreased appetite, irritability, nervousness, restlessness, shakiness, sleeping difficulty, stomach pain, strange dreams, sweating and weight loss. They start on the first day of abstinence and peak effects are observed between day 2 and 6 and generally subside within 2 weeks.

I agree to its terms so that the Pain Management team can provide me with quality pain management using cannabis pain medication to decrease my pain and improve my function and quality of life.

Patient's signature: _____ Date: _____

Witness signature: _____ Date: _____

(Print name)