Therapeutic Health Clinic
*1417 NW 150th St. Edmond. OK 73013 | **T:** (405) 285-0471 **F:** (321) 204-7063*

Consent Form

Patient Name: **Date of Birth:**

The qualified patient or the patient's parent or legal guardian if the patient is a minor must initial each section of this consent form and must sign and date the informed consent form.

I, _____, understand that Medical Cannabis is offered as treatment for specific medical conditions and/or symptoms as designated by the Oklahoma Department of Health.

PLEASE INITIAL EACH SECTION

_____ I understand that **Dr. Amer Nouh, MD** is a qualified physician who is registered with the Office of Oklahoma Medical Marijuana Authority and may order medical cannabis for my medical use if he feels I qualify as a patient who could benefit from this medical decision.

_____ I understand that **Dr. Amer Nouh, MD** is not implying or suggesting that medical cannabis should be a substitute for any other treatment prescribed by another physician.

_____ I understand that Medical marijuana is not regulated by the USFDA and therefore may contain unknown quantities of active ingredients, impurities and/or containments.

_____ I am aware that a notice of compliance has not been issued under the Food and Drug Administration's regulations concerning the safety and effectiveness of marijuana as a drug. I understand the significance of this fact.

_____ I am aware that medical marijuana has not been approved under federal regulations, and I understand that medical marijuana has not been deemed legal under federal law.

_____ I understand the benefits and risks associated with the use of marijuana are not fully understood and that the use of marijuana may involve risks that have not been identified. I accept such risk.

_____ I agree that if I am a female patient that I will contact my attending physician if I become or think about becoming pregnant. I acknowledge that the use of medical

marijuana creates passthrough problems to a fetus during pregnancy and to a baby during breastfeeding.

_____ I should not drive a vehicle while using medical marijuana and that I can get a DUI for driving under the influence.

_____ The Federal Government's classification of marijuana as a Schedule I controlled substance. The federal government has classified marijuana as a Schedule I controlled substance. Schedule I substances are defined, in part, as having **(1)** a high potential for abuse; **(2)** no currently accepted medical use in treatment in the United States; and **(3)** a lack of accepted safety for use under medical supervision. Federal law prohibits the manufacture, distribution and possession of marijuana even in states, such as Oklahoma, which have modified their state laws to treat marijuana as a medicine.

_____ When in the possession or under the influence of medical marijuana, the patient or the patient's caregiver must have his or her medical marijuana use registry identification card in his or her possession at all times.

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_____ Marijuana has not been approved by the Food and Drug Administration for marketing as a drug. Therefore, the "manufacture" of marijuana for medical use is not subject to any federal standards, quality control, or other oversight. Marijuana may contain unknown quantities of active ingredients, which may vary in potency, impurities, contaminants, and substances in addition to THC, which is the primary psychoactive chemical component of marijuana.

_____ Some studies suggest that the use of marijuana by individuals may lead to a tolerance to, dependence on, or addiction to marijuana. I understand that if I require increasingly higher doses to achieve the same benefit or if I think that I may be developing a dependency on marijuana, I should contact **Dr. Amer Nouh** or my primary care.

_____ The use of marijuana can affect coordination, motor skills and cognition, i.e., the ability to think, judge and reason. Driving under the influence of cannabis can double the risk of crashing, which escalates if alcohol is also influencing the driver. While using medical marijuana, I should not drive, operate heavy machinery or engage in any activities that require me to be alert and/or respond quickly and I should not participate in activities that may be dangerous to myself or others. I understand that if I drive while under the influence of marijuana, I can be arrested for "driving under the influence."

_____ 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, may affect the production of sex hormones that lead to adverse effects, inability to concentrate, impaired motor skills, paranoia, psychotic symptoms, general apathy, depression and/or restlessness. Marijuana may exacerbate schizophrenia in persons predisposed to that disorder. In addition, the use of medical marijuana may cause me to talk or eat in excess, alter my perception of time and space and impair my judgment. Many medical authorities claim that use of medical marijuana, especially by persons younger than 25, can result in long-term problems with attention, memory, learning, drug abuse, and schizophrenia.

_____ I understand that using marijuana while consuming alcohol is not recommended. Additional side effects may become present when using both alcohol and marijuana.

_____ I agree to contact **Dr. Amer Nouh** or my primary care or go to nearest ER if I experience any of the side effects listed above, or if I become depressed or psychotic, have suicidal thoughts, or experience crying spells, experience respiratory problems, changes in my normal sleeping patterns, extreme fatigue, increased irritability, or begin to withdraw from my family and/or friends.

_____ Signs of withdrawal can include: feelings of depression, sadness, irritability, insomnia, restlessness, agitation, loss of appetite, trouble concentrating, sleep disturbances and unusual tiredness. Symptoms of marijuana overdose include, but are not limited to, nausea, vomiting, hacking cough, disturbances in heart rhythms, numbness in the hands, feet, arms or legs, anxiety attacks and incapacitation. If I experience these symptoms, I agree to contact **Dr. Amer Nouh** or my PCP immediately or go to the nearest emergency room.

_____ Numerous drugs are known to interact with marijuana and not all drug interactions are known. Some mixtures of medications can lead to serious and even fatal consequences. I will advise any other of my treating physician*(s)* of my use of medical marijuana.

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_____ Marijuana may increase the risk of bleeding, low blood pressure, elevated blood sugar, liver enzymes, and other bodily systems when taken with herbs and supplements. I agree to contact **Dr. Amer Nouh** immediately or go to the nearest emergency room if these symptoms occur.

_____ I understand that medical marijuana may have serious risks and may cause low birthweight or other abnormalities in babies. I will advise **Dr. Amer Nouh** or my PCP if I become pregnant, try to get pregnant, or will be breastfeeding.

_____ The current state of research on the efficacy of marijuana to treat the qualifying conditions set forth in this section:

_____ **Cancer:**
● There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancers, including glioma. There is evidence to suggest that cannabinoids *(and the endocannabinoid system more generally)* may play a role in the cancer regulation processes. Due to a lack of recent, high quality reviews, a research gap exists concerning the effectiveness of cannabis or cannabinoids in treating cancer in general.
● There is conclusive evidence that oral cannabinoids are effective antiemetics in the treatment of chemotherapy-induced nausea and vomiting. There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancer-associated anorexia-cachexia syndrome and anorexia nervosa.

_____ **Epilepsy:**
● There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for epilepsy. Recent systematic reviews were unable to identify any randomized controlled trials evaluating the efficacy of cannabinoids for the treatment of epilepsy. Currently available clinical data therefore consist solely of uncontrolled case series, which do not provide high-quality evidence of efficacy. Randomized trials of the efficacy of cannabidiol for different forms of epilepsy have been completed and await publication.

_____ **Glaucoma:**
● There is limited evidence that cannabinoids are an ineffective treatment for improving intraocular pressure associated with glaucoma. Lower intraocular pressure is a key target for glaucoma treatments. Non- randomized studies in healthy volunteers and glaucoma patients have shown short-term reductions in intraocular pressure with oral, topical eye drops, and intravenous cannabinoids, suggesting the potential for therapeutic benefit. A good-quality systemic review identified a single small trial that found no effect of two cannabinoids, given as an oro-mucosal spray, on intraocular pressure. The quality of evidence for the finding of no effect is limited. However, to be effective, treatments targeting lower intraocular pressure must provide continual rather than transient reductions in intraocular pressure. To date, those studies showing positive effects have shown only short-term benefit on intraocular pressure *(hours)*, suggesting a limited potential for cannabinoids in the treatment of glaucoma.

_____ **Crohn's Disease:**
● There is insufficient evidence to support or refute the conclusion that dronabinol is an effective treatment for the symptoms of irritable bowel syndrome. Some studies suggest that marijuana in the form of cannabidiol may be beneficial in the treatment of inflammatory bowel diseases, including Crohn's disease.

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_____ **Human Immunodeficiency Virus & Acquired Immunodeficiency Syndrome (Positive Status):**
● There is limited evidence that cannabis and oral cannabinoids are effective in increasing appetite and decreasing weight loss associated with HIV/AIDS. There does not appear to be good-quality primary literature that reported on cannabis or cannabinoids as effective treatments for AIDS wasting syndrome.

_____ **Post-Traumatic Stress Disorder (PTSD):**
● There is limited evidence *(a single, small fair-quality trial)* that cannabinoids are effective for improving symptoms of posttraumatic stress disorder. A single, small crossover trial suggests potential benefit from the pharmaceutical cannabinoid nabilone. This limited evidence is most applicable to male veterans and contrasts with non-randomized studies showing limited evidence of a statistical association between cannabis use *(plant derived forms)* and increased severity of posttraumatic stress disorder symptoms among individuals with posttraumatic stress disorder. There are other trials that are in the process of being conducted and if successfully completed, they will add substantially to the knowledge base.

_____ **Amyotrophic Lateral Sclerosis (ALS):**
● There is insufficient evidence that cannabinoids are an effective treatment for symptoms associated with amyotrophic lateral sclerosis. Two small studies investigated the effect of dronabinol on symptoms associated with ALS. Although there were no differences from placebo in either trial, the sample sizes were small, the duration of the studies was short, and the dose of dronabinol may have been too small to ascertain any activity. The effect of cannabis was not investigated.

_____ **Parkinson's Disease:**
● There is insufficient evidence that cannabinoids are an effective treatment for the motor system symptoms associated with Parkinson's disease or the levodopa- induced dyskinesia. Evidence suggests that the endocannabinoid system plays a meaningful role in certain neurodegenerative processes; thus, it may be useful to determine the efficacy of cannabinoids in treating the symptoms of neurodegenerative diseases. Small trials of oral cannabinoid preparations have demonstrated no benefit compared to a placebo in ameliorating the side effects of Parkinson's disease. A seven-patient trial of nabilone suggested that it improved the dyskinesia associated with levodopa therapy, but the sample size limits the interpretation of the data. An observational study demonstrated improved outcomes, but the lack of a control group and the small sample size are limitations.

_____ **Multiple Sclerosis (MS):**
● There is substantial evidence that oral cannabinoids are an effective treatment for improving patient-reported multiple sclerosis spasticity symptoms, but limited evidence for an effect on clinician-measured spasticity. Based on evidence from randomized controlled trials included in systematic reviews, an oral cannabis extract, nabiximols, and orally administered THC are probably effective for reducing patient-reported spasticity scores in patients with MS. The effect appears to be modest. These agents have not consistently demonstrated a benefit on clinician-measured spasticity indices.

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_____ **Medical Conditions of Same/Comparable Class to the Above Qualifying Conditions:**

- The qualifying physician has provided the patient or the patient's caregiver a summary of the current research on the efficacy of marijuana to treat the patient's medical condition.
- Terminal conditions diagnosed by a physician other than the qualified physician issuing the physician certification
- The qualifying physician has provided the patient or the patient's caregiver a summary of the current research on the efficacy of marijuana to treat the patient's terminal condition.

_____ **Chronic Pain:**

● There is substantial evidence that cannabis is an effective treatment for chronic pain in adults. The majority of studies on pain evaluated nabiximols outside the United States. Only a handful of studies have evaluated the use of cannabis in the United States, and all of them evaluated cannabis in flower form provided by the National Institute on Drug Abuse. In contrast, many of the cannabis products that are sold in state-regulated markets bear little resemblance to the products that are available for research at the federal level in the United States. Pain patients also use topical forms. While the use of cannabis for the treatment of pain is supported by well- controlled clinical trials, very little is known about the efficacy, dose, routes of administration, or side effects of commonly used and commercially available cannabis products in the United States.

_____ I have access to up to date information regarding Oklahoma laws surrounding medical marijuana

_____ I understand that the purpose of my visit today is for my physician is to determine if it is safe and appropriate for me to obtain a recommendation for medical marijuana in the State of Oklahoma.

_____ I understand that my physician's ability to determine the appropriateness for a recommendation for a medical marijuana card is based on my medical history, current medical status, history of drug or medication abuse, physical exam, and medical records. **I CERTIFY ALL INFORMATION I HAVE PROVIDED IS ACCURATE.**

_____ I understand that I am not receiving a comprehensive medical evaluation as one would expect from their primary care provider. I understand this evaluation is intended to focus on the factors/conditions relating to a recommendation for a medical marijuana recommendation. It is not intended to replace, supersede, or modify any treatment or recommendation of my primary care provider.

_____ I understand that it is my responsibility to ensure my primary care provider is aware of and approves of my intentions regarding the use of medical marijuana.

_____ I understand that my recommendation is valid for two years after the issue date. My physician has the right to reverse a recommendation decision at his discretion.

_____ I understand that the physician providing this medical evaluation is available for follow up care for any and all matters related to my use of medical marijuana.

_____ I have, or will, discuss my use of marijuana with my primary medical provider*(s)* before I use it.

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_____ I do not have medication abuse or drug abuse problems.

_____ I have not engaged in trafficking drugs or in drug diversion and will not do so

_____ I have had the opportunity to discuss these matters with the physician and to ask questions regarding anything I may not understand or that I believe needed to be clarified. I acknowledge that **Dr. Amer Nouh MD** has informed me of the nature of a recommended treatment, including but not limited to, any recommendation regarding medical marijuana.

_____ By signing this document, I voluntarily agree that all my questions have been addressed; benefits and risks have been discussed. I understand no fees associated with care or obtaining medical cannabis can be applied to any insurance plan. Myself or my legal representative prior to evaluation of treatment will pay all fees.

Signature: _____

Print Name: _____

Legal representative:_____

Date: _____

Witness: _____

Print name: _____

Date: _____

Provider: _____

Amer Nouh, MD

Date: _____