



Patient details

First name: _____ Surname: _____ DOB: _____

Address: _____ Suburb: _____ Postcode: _____

Medicine(s) name: _____

My doctor has proposed using a medicinal cannabis product to help improve my health profile. I understand:

1. that the treatment is not guaranteed to work, as the scientific evidence of its effectiveness is limited
2. that I will be starting it as a trial, which we will stop or vary if there is not a significant benefit
3. that it may have some side effects, which my doctor and I have discussed
4. using medicinal cannabis products in combination with alcohol is not recommended
5. that it may or may not lead to a reduction in some of my other medications
6. that the doctor will have to report on my progress to the Health Department.

I therefore agree:

1. to take the treatment strictly as recommended and only alter the dose in discussion with my doctor
2. to report any beneficial effects and any side-effects at the scheduled follow-up visits the doctor has made for me
3. to be honest with the doctor about my full medical and psychiatric history, as well as any history of recreational drug use
4. never to share the product with another person
5. not to drive or operate machinery until the effects on my alertness have been assessed and discussed with the doctor.
6. (if female) to inform my doctor if I become or are thinking about becoming pregnant.

Acknowledgement

Patient signature: _____

Patient name: _____ Date: _____

Medical practitioner's signature: _____

Medical practitioner's name: _____

Medical practitioner's provider number: _____ Date: _____