

Medicinal Cannabis Consent Form

Acknowledgement to A/Professor Vicki Kotsirilos AM for generously developing and providing the Medicinal Cannabis Consent Form to medical practitioners to assist with prescribing of Medicinal Cannabis for their patients.

Patient's Name:

Patient's address:

Patient's Date of Birth:

PART A

1. I have the following illness / conditions for which medical cannabis treatment has been discussed:

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.....

2. The following treatments have already been trialled, with the following outcome(s):

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.....

3. The medical cannabis (MC) treatment includes:

- Ensure to maintain a healthy lifestyle that will help my illness
- Regular monthly reviews
- Regular blood tests to ensure the MC is not causing any liver or kidney problems
- Following my GPs advice on dosage & frequency of MC use
- Ensuring I report to my GP if I suffer any adverse event or side-effect
- Avoid the use of illicit and unprescribed medication that may interact with MC
- Avoid the use of alcohol that may interact with MC
- Avoid driving or use of machinery if the MC causes any symptoms that may affect my judgement
- Report to my GP any clinical benefits of MC
- Report to my GP if MC does not work for me

4. Without medical cannabis treatment, outcomes and alternatives include:

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5. Medical Cannabis drugs are experimental / investigational drugs.
6. Medical Cannabis drugs are not registered in Australia for use in your condition by the Therapeutic Goods Administration of the Australian Department of Health and Ageing. Therefore arrangements to access / import the drugs need to be made through a Special Access Scheme
7. I acknowledge that potentially all costs of importing and accessing the medical cannabis drug(s) (including the cost of the drug itself) are my personal responsibility. The government and private health insurance may not contribute to any of the costs.

PART B (This part should remain blank until all risks are discussed with your patient)

1. The possibility of unknown risks and late side effects.

Cannabis treatment drugs are still in an experimental phase of testing. There may be side effects and risks which are currently unknown. In the event that your treatment is ongoing you will need to be updated with any significant information regarding previously unknown risks.

2. Possible side-effects of a treatment with medicinal cannabis may include

- Asthenia (abnormal physical weakness or lack of energy)
- Confusion, Disorientation, Dizziness, Drowsiness, Vertigo, Sleepiness
- Avoid machinery and driving if this occurs
- Avoid concomitant use of alcohol, drugs of addiction, and medication that may aggravate these side-effects should they occur
- Balance problems, coordination
- Memory problems
- Diarrhoea
- Dry Mouth
- Fatigue
- Hallucinations
- Vomiting or Nausea

Other

Possible chronic effects may include:

- cannabis use disorder
- cognitive impairment
- chronic bronchitis [if inhaled - not advised]

Other

Possible social dysfunction may result

- at work/school
- motor vehicle accidents

**# please note, side-effects may be temporary or permanent;
report any reactions to your GP**

3. Known specific risks of medical cannabis

Risks of the specific medical cannabis treatment being planned (additional risks known to arise from this particular treatment)

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.....

Risks and interactions related to this individual patient (e.g. interactions arising from the patient's current medications and illnesses)

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Other

My doctor has discussed with me the following concerns and queries I have regarding the medicinal cannabis treatment / procedure

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PART C

I confirm that my doctor has provided me with:

- information concerning the treatment/ procedure;
- information about the medicinal cannabis product, its concentration, its dosage, how to use it, when to take it, how to store the medicinal cannabis product and the proposed duration of treatment. Note, the medicinal cannabis is stored at room temperature away from sunlight;
- information about the risks and complications, including those specific to my individual circumstances;
- advice that I cannot drive or operate machinery while undergoing treatment with medicinal cannabis containing tetra-hydrocannabinol
- advice that research has shown a patient may test positive (for marijuana / cannabis) to a random drug test while being treated with medicinal cannabis and will be subject to current laws which prohibit driving under the influence of cannabis
- information about available alternative treatment options; and
- as answered my specific questions and concerns about the chosen treatment / procedure.

I acknowledge that I will need to attend my regular reviews as discussed with my doctor and report any benefits and/or side effects that I may encounter.

I acknowledge that there is no guarantee that this treatment will improve my condition.

I understand that this medical cannabis product is not registered for use in Australia but an application will be made for access approval under the provisions of the Special Access Scheme and Authorised Prescribers Scheme.

Signature of patient/ parent/ guardian:

Date:

PART D – Doctor’s Declaration

I declare that I have personally discussed this form with the patient, including the patient’s condition, the need for the treatment/ procedure, the risks and alternatives outlined in parts A and B, and the details outlined in part C.

I confirm that I have given the patient the opportunity to ask questions which I have answered as fully as possible.

Prescribing Doctor (print):

Prescriber Number :

Signature of Doctor:

Date: