

Know Your Medication

Instructions: Please read the following information and check each item, stating you understand and acknowledge the information. If you have questions, or do not understand, please consult with our staff.

- Medical Cannabis is used in treating debilitating medical conditions, defined as limiting life activities.
- The use of cannabis effects coordination and cognition, and impairs your ability to drive or engage in potentially hazardous activities. Wait at least 6 hours after cannabis use before operating equipment.
- Some patients may experience symptoms when they stop smoking cannabis. These include irritability, insomnia, loss of appetite, restlessness, trouble concentrating, and fatigue.
- Cannabis potency varies with the strain and the method of consumption. Determining the appropriate cannabis dosage is difficult and may require a trial and error approach. Always start at the lowest does, and increase gradually.
- Nausea, Palpitations, and numbness are symptoms of cannabis excess. Chronic use of cannabis may lead to general apathy in a few patients, or to psychosis in those predisposed to the condition.
- Eastern Shore MediCann Clinic, LLC physicians, nurse practitioners, and staff who are addressing specific aspects of a patients medical care are in no way establishing themselves as the primary care provider.
- Cannabis is not regulated by the Food and Drug Administration and may contain unknown quantities of active ingredients and impurities.
- Smoking cannabis within 1000 feet of a school, daycare, or a public park is illegal.
- Smoking cannabis may cause respiratory illness, including cancer. Any ill effects experienced with the use of cannabis require discontinuation of the drug and medical evaluation.
- A vaporizer substantially reduces many of the harmful toxins that are present in cannabis smoke. Oral cannabis preparations or less harmful, as are topical products.
- Semi-annual evaluations are recommended as during an annual period, changes may occur in your health and your ability to use cannabis.

Patient Name

(Print) Patient Signature

Date