

# **CANACARE**

## **CONSENT FORM:**

### **Please read the following before signing:**

As the patient you will need to be aware of the following before signing the consent form, this will include information regarding side effects, safety laws when THC is prescribed, follow up appointments and payments.

## **SIDE EFFECTS**

**Potential** side effects when using CBD and THC are the following:

- Anxiety
- Short term memory impairment
- Dizziness
- Sedation
- Low blood pressure
- Euphoria
- Short term attention span
- Impaired motor skills
- Paranoia or restlessness
- May exacerbate schizophrenia
- Increased appetite
- Dry mouth

If at any point during my medical treatment, I experience adverse side-effects from medical cannabis, I will stop use immediately and consult with my Canacare prescriber.

In case of an emergency, I will seek immediate attention at the nearest hospital.

I understand that I must not drive or operate heavy machinery whilst taking medicinal cannabis containing THC. If I drive under these circumstances, I am breaking the law.

I understand that a legally issued prescription does not provide a defence to such an offence.

The doctor will request for a follow up appointment for your safety while using CBD or THC. When being prescribed THC, the doctor will request the follow up two weeks after the initial appointment and patients prescribed with CBD only will be requested to have a consult four weeks after the initial. This is for tracking of the patient's treatment plan and if adjustments will need to be made by the doctor. The follow up appointments can be done via Telehealth if the patient requests. There will be a charge for the follow up appointment.

Payments regarding all consults will be made upfront prior to the appointment. Payment regarding product will be made via the pharmacy that is connected to Canacare and prior to being dispensed.

Although it is unknown if cannabis may affect cancer, I am willing to have this treatment for my symptoms, as discussed with your prescribing doctor.

Before seeking medicinal cannabis treatment, I have discussed with a doctor alternative and conventional treatment options for my condition.

I will inform my general practitioner that I am prescribed medicinal cannabis.

I will provide the medicinal cannabis prescribing doctor of current and previous medications.

I understand that that interactions with other medications are currently unknown or does not have enough evidence recording interactions, I will inform the prescribing doctor of all medications, medical conditions, and treatments.

I understand that the consulting doctor at Canacare is not assuming care for me as a general practitioner, however, assess and evaluate whether medicinal cannabis may assist with my symptoms and is in their clinical opinion appropriate, may prescribe medicinal cannabis.

When being prescribed THC, I understand that prescribing doctors may need to send a TGA SASB application on compassionate grounds for treating my symptoms. I understand the prescribing doctor and the team at Canacare has no control of the time wait for this application to be returned with an answer from the TGA.

Please place your full name, date and signature to acknowledge that you read and understand the consent above.