



MEDICAL MARIJUANA ACKNOWLEDGMENT OF DISCLOSURE AND INFORMED CONSENT

WELCOME

Please read each item below and initial in the space provided to indicate that you understand and agree with the information regarding the risks and side effects of using Medical Marijuana.

Do not sign this agreement and do not use Medical Marijuana if you have questions about or do not understand the information you have received.

Please tell us if you do not understand any of the information provided.

NAME:		_ DOB:	/	/
PHONE:	EMAIL:			
ADDRESS:	CITY:		ZIP:_	
QUALIFYING CONDITION	I :			
-	e not misrepresented my recommendated for the treatment of my medical con	_		
	sibility to be informed regarding state nd/or distribution of Medical Marijuan		_	_
sylvania. I also understand that possession	dical Marijuana is unlawful under Federal law and n or use of Medical Marijuana is unlawful within th icensed medical doctor with the legal ability to do s	ne state of Pennsylvania if		
States Food and Drug Administration and v	nave intoxicating effects and has not been analyzed was produced without FDA oversight for health, sa es of active ingredients, impurities, or contaminan	fety, or efficacy. Medical	ed .	
The efficacy and potency of Medical Mariju effects will vary from person to persons.	uana may vary widely depending on the strain and	l ingestion method and its		
Smoking dry leaf product is prohibited in t	the Commonwealth of Pennsylvania.			
==	nod of Medical Marijuana in Pennsylvania. If Medic n cannabis or active compounds of cannabis. When by two or three hours or more.	-		
There is limited information on the side ef	ffects of using Medical Marijuana, and there may be	e associated health risks.		
Symptoms of Medical Marijuana overdose	include but are not limited to nausea, vomiting an	d disturbances to heart rh	nythm.	















I understand side effects of Medical Marijuana can include but are not limited to: Memory loss, Irregular heartbeat, Slower reaction time/inability to concentrate, Cough/bronchitis/shortness of breath, Dizziness, Impaired vision, Drowsiness/fatigue/abnormal sleep, Depression, Low blood pressure, Impairment of motors motor skills, Anxiety/Nervousness, Dry mouth, Suppression of immune system, Hunger/Loss of appetite, Dependency, Confusion, Feelings of euphoria, Headache, Nausea/vomiting, Numbness, Agitation, Paranoia/psychotic symptoms, and Sedation.	
The scientific basis for the medical use of Medical Marijuana is not complete. There is little known regarding how Medical Marijuana may, or may not, react with other pharmaceutical or herbal medications.	
Some patients can become dependent on Medical Marijuana. This means they experience withdrawal symptoms when they stop using Medical Marijuana. Signs of withdrawal symptoms can include feelings of depression, sadness or irritability, restlessness or mild agitation, insomnia, sleep disturbance, unusual tiredness, trouble concentrating, and loss of appetite.	
Some users develop a tolerance to Medical Marijuana. This means higher and higher doses maybe required to achieve the same symptom relief. A tolerance break may be required.	
The possibility exists that Medical Marijuana may exacerbate schizophrenia in persons predisposed to that disorder.	
Women should not consume Medical Marijuana while planning to become pregnant, during pregnancy, or while breast feeding, except on the advice of the certifying health practitioner, and in the case of breast feeding mothers, on the advice or the infant's pediatrician.	
Using Medical Marijuana while under the influence of alcohol is not recommended.	
The use of Medical Marijuana may affect coordination, cognition, and judgment. While under the influence of Medical Marijuana, do not to drive, operate machinery, or engage in potentially hazardous activities.	
Please note that Medical Marijuana will degrade over time. Always keep out of reach of children and pets and store in its original labeled container.	

MEDICAL MARIJUANA PATIENT AGREEMENT

I am over 18 years of age or a caregiver and understand the requirements of the State of Pennsylvania's Medical Marijuana program.	
I have been advised of the potential risks and side effects of using Medical Marijuana.	
I have read and understand the foregoing disclosures and have initialed next to each to acknowledge this understanding.	
I understand that side effects may occur while I am taking Medical Marijuana.	
I have never had symptoms of schizophrenia or have been diagnosed as having schizophrenia by a physician or mental health professional.	
I understand that my dispensary medical provider does not suggest nor condone that I cease treatment of medications that stabilize my mental or physical condition.	
When under the influence and/or in possession of Medical Marijuana in public, your state issued Medical Marijuana ID Card should be on your person at all times.	









RELEASE OF LIABILITY

I hereby acknowledge Maitri Medicinals and its employees are not addressing specific aspects of my medical care nor are any of them my primary care provider or providing for my certification. Furthermore, I, for myself, my heirs, assigns, or anyone acting on my behalf, hold Maitri Medicinals and its principals, agents, and employees free of and harmless from any responsibility for any harm resulting to me and/or other individuals because of my Medical Marijuana use.		
I certify that I fully understand the potential risks and side effects related to the use of Medical Marijuana as described above.		
In using Medical Marijuana, I fully accept responsibility and assure the potential risks and side effects associated with its use		
I certify that I have read this document and declare under penalties of perjury that the information contained herein is true, correct, and complete.		
MEDICAL MARIJUANA MEDICATION THERAPY MANAGEMENT COUNSEL	.ING	
I accept the offer to counsel with the dispensary Medical Provider.		
I decline the offer to counsel with the dispensary Medical Provider - Written information and warnings about Medical Marijuana has been provided for you. Please read this information before you take the medication. If you have questions concerning this product, a licensed medical provider is available during normal business hours to answer these questions at Maitri Uniontown 724-550-4565 and Maitri Pittsburgh 412-404-7464		
PATIENT OR CAREGIVER SIGNATURE:		
PRINTED NAME: DATE:/	/	



