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Consent Form

A qualified physician may not delegate the responsibility of obtaining written informed consent to another person. The qualified patient or the patient's parent or legal guardian, if the patient is a minor, must initial each section of this consent form to indicate that the physician explained the information and along with the qualified physician, must sign and date the informed consent form.

I, _____, understand that Medical Cannabis is offered as treatment for specific medical conditions and/or symptoms as designated by the State of Missouri Department of Health and Senior Services.

PLEASE INITIAL EACH SECTION

_____ I understand that Dr. James Sturm is a physician who reviews for medical conditions for the use of medical marijuana.

_____ I understand that I cannot have a conceal and carry license while using medical marijuana.

_____ I understand that Dr. Sturm is not implying or suggesting that medical cannabis should be a substitute for any other treatment prescribed by another physician.

_____ I understand that I may not seek multiple medical marijuana condition confirmations from different physicians.

_____ Medical marijuana is not regulated by the United States Food and Drug Administration and therefore may contain unknown quantities of active ingredients, impurities and/or contaminants.

_____ I am aware that a notice of compliance (not approved by the FDA) has not been issued under the Food and Drug Administration's regulations concerning the safety and effectiveness of marijuana as a drug. I understand the significance of this fact.

_____ I am aware that medical marijuana has not been approved under federal regulation, and I understand that medical marijuana has not been deemed legal under federal law and I could lose my job.

_____ I understand that you cannot legally travel across state lines with medical marijuana.

_____ I understand the benefits and risks associated with the use of marijuana are not fully understood and that the use of marijuana may involve risks that have been identified. I accept such risk.

_____ I understand that it is considered driving under the influence (DUI) while operating a vehicle when using medical marijuana and that I can receive a DUI.

_____ I understand that I may fill an order at any qualified dispensing organization.

THE FEDERAL GOVERNMENT'S CLASSIFICATION OF MARIJUANA AS A SCHEDULE I CONTROLLED SUBSTANCE

_____ The federal government has classified marijuana as a Schedule I controlled substance. Schedule I substances are defined, in part, as having (1) a high potential for abuse; (2) no currently accepted medical use in treatment in the United States; and (3) a lack of accepted safety for the use under medical supervision. Federal law prohibits the manufacture, distribution, and possession of marijuana even in states, such as Missouri, which have modified their state laws to treat marijuana as a medicine.

____ When in the possession or under the influence of medical marijuana, the patient or the patient's caregiver must have his or her medical marijuana use registry identification card in his or her possession at all times.

THE APPROVAL AND OVERSIGHT STATUS OF MARIJUANA BY THE FOOD AND DRUG ADMINISTRATION

____ Marijuana has not been approved by the Food and Drug Administration for marketing as a drug. Therefore, the "manufacture" of marijuana for medical use is not subject to any federal standards, quality control, or other oversight. Marijuana may contain unknown quantities of active ingredients, which may vary in potency, impurities, contaminants, and substances in addition to THC, which is the primary psychoactive chemical component of marijuana. Marijuana can contain bacteria, viruses, and fungus which can cause infections in the user.

THE POTENTIAL FOR ADDICTION

____ Some studies suggest that the use of marijuana by individuals may lead to a tolerance to, dependence on, or addiction to marijuana. I understand that if I require increasingly higher doses to achieve the same benefit or if I think that I may be developing a dependency on marijuana, I should contact a health care provider.

THE POTENTIAL EFFECT THAT MARIJUANA MAY HAVE ON A PATIENT'S COORDINATION, MOTOR SKILLS, AND COGNITION, INCLUDING A WARNING AGAINST OPERATING HEAVY MACHINERY, OPERATING A MOTOR VEHICLE, OR ENGAGING IN ACTIVITIES THAT REQUIRE A PERSON TO BE ALERT OR RESPOND QUICKLY.

____ The use of marijuana can affect coordination, motor skills and cognition, i.e., the ability to think, judge and reason. Driving under the influence of cannabis can double the risk of crashing, this escalates if alcohol is also influencing the driver. While using medical marijuana I should not drive, operate heavy machinery or engage in any activities that require me to be alert and/or respond quickly and I should not participate in activities that may be dangerous to myself or others. I understand that if I drive while under the influence of marijuana I can be arrested for driving under the influence.

THE POTENTIAL SIDE EFFECTS OF MEDICAL MARIJUANA USE

____ Potential side effects from the use of marijuana include, but are not limited to, the following: dizziness, anxiety, confusion, sedation, low blood pressure, impairment of short term memory, euphoria, difficulty in completing complex tasks, suppression of body's immune system, may affect the production of sex hormones that lead to adverse effects, inability to concentrate, impaired motor skills, paranoia, psychotic symptoms, general apathy, depression and/or restlessness. Marijuana may exacerbate schizophrenia in persons predisposed to that disorder. In addition, the use of medical marijuana may cause me to talk or eat in excess, alter my perception of time and space and impair my judgment. Many medical authorities claim that use of medical marijuana, especially by a person younger than 25, can result in long-term problems with attention, brain development, memory, learning, drug abuse, and schizophrenia.

____ I understand that using marijuana while consuming alcohol is not recommended. Additional side effects may become present when using both alcohol and marijuana.

____ I agree to contact a healthcare provider if I experience any of the side effects listed above, or if I become depressed or psychotic, have suicidal thoughts, or experience crying spells. I will also contact a healthcare provider if I experience respiratory problems, changes in my normal sleeping patterns, extreme fatigue, increased irritability, or begin to withdraw from my family and/or friends.

THE RISKS, BENEFITS, AND DRUG INTERACTIONS OF MARIJUANA

____ Signs of withdrawal can include: feelings of depression, sadness, irritability, insomnia, restlessness, agitation, loss of appetite, trouble concentrating, sleep disturbances and unusual tiredness.

____ Symptoms of marijuana overdose include, but are not limited to, nausea, vomiting, hacking cough, disturbances in heart rhythms, numbness in the hands, feet, arms or legs, anxiety attacks and incapacitation. If I experience these symptoms, I agree to contact a healthcare provider or go to the nearest emergency room.

____ Numerous drugs are known to interact with marijuana and not all drug interactions are known. Some mixtures of medications can lead to serious and even fatal consequences. I will advise any other of my treating physician(s) of my use of medical marijuana.

____ Marijuana may increase the risk of bleeding, low blood pressure, elevated blood sugar, liver enzymes, and other bodily systems when taken with herbs and supplements. I agree to contact a healthcare provider immediately or go to the nearest emergency room if these symptoms occur.

____ I understand that medical marijuana may have serious risks and may cause low birthweight or other abnormalities in babies. I will stop using medical marijuana if I become pregnant, are trying to become pregnant, or are breastfeeding.

____ I acknowledge that smoking marijuana may be harmful to my lungs, worsen asthma, worsen emphysema, or cause lung cancer.

- Based on the current scientific research, there is no definitively proven "safe" way of inhaling marijuana (smoke or vapor).
- Inhaling marijuana smoke in the long-term is likely to result in damage to the respiratory tract.
- Smoking both marijuana and tobacco increases the risk of damage from both substances.
- While marijuana smoke contains carcinogens, research about the association between marijuana smoking and cancer is limited and conflicting. The same is true for other lung-related diseases.
- Marijuana smoking does appear to increase cough, sputum production, airway inflammation, and wheeze.
- Using a water pipe or bong does nothing to reduce exposure to tar and carcinogens in marijuana smoke; using a vaporizer may reduce the harm associated with smoking marijuana, however vaporizers may carry their own risks and more research is needed.
- Oral administration of marijuana ("edibles") is one way to eradicate the risk of marijuana smoke on the lungs, but carries with it its own challenges.

THE CURRENT STATE OF RESEARCH ON THE EFFICACY OF MARIJUANA TO TREAT THE QUALIFYING CONDITIONS SET FORTH IN THIS SECTION

____ Cancer:

- There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancers, including glioma.
 - a. There is evidence to suggest that cannabinoids (and the endocannabinoid system more generally) may play a role in the cancer regulation processes. Due to a lack of recent, high quality reviews, a research gap exists concerning the effectiveness of cannabis or cannabinoids in treating cancer in general.
- There is conclusive evidence that oral cannabinoids are effective antiemetics in the treatment of chemotherapy-induced nausea and vomiting.
 - a. There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancer-associated anorexia-cachexia syndrome and anorexia nervosa.

____ Epilepsy:

- There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for all forms of epilepsy.

____ Glaucoma:

- There is limited evidence that cannabinoids are an ineffective treatment for improving intraocular pressure associated with glaucoma.
- Lower intraocular pressure is a key target for glaucoma treatments. Non-randomized studies in healthy volunteers and glaucoma patients have shown short-term reductions in intraocular pressure with oral, topical eye drops, and intravenous cannabinoids, suggesting the potential for therapeutic benefit. A good-quality systemic review identified a single small trial that found no effect of two cannabinoids, given as an Oromucosal spray, on intraocular pressure. The quality of evidence for the finding of no effect is limited. However, to be effective, treatments targeting lower intraocular pressure must provide continual rather than transient reductions in intraocular pressure. To date, those studies showing positive effects have shown only short-term benefit on intraocular pressure (hours), suggesting a limited potential for cannabinoids in the treatment of glaucoma.

____ Positive status for human immunodeficiency virus AND acquired immune deficiency syndrome:

- There is limited evidence that cannabis and oral cannabinoids are effective in increasing appetite and decreasing weight loss associated with HIV/AIDS.
 - a. There does not appear to be good-quality primary literature that reported on cannabis or cannabinoids as effective treatments for AIDS wasting syndrome.

____ Post-traumatic stress disorder:

- There is limited evidence to conflicting evidence (a single, small fair-quality trial) that nabilone is effective for improving symptoms of posttraumatic stress disorder.
 - a. A single, small crossover trial suggests potential benefit from the pharmaceutical cannabinoid nabilone. This limited evidence is most applicable to male veterans and contrasts with non-randomized studies showing limited evidence of a statistical association between cannabis use (plant derived forms) and increased severity of posttraumatic stress disorder symptoms among individuals with posttraumatic stress disorder. There are other trials that are in the process of being conducted and if successfully completed, they will add substantially to the knowledge base.

____ Amyotrophic lateral sclerosis:

- There is insufficient evidence that cannabinoids are an effective treatment for symptoms associated with amyotrophic lateral sclerosis.
 - a. Two small studies investigated the effect of dronabinol on symptoms associated with ALS. Although there were no differences from placebo in either trial, the sample sizes were small, the duration of the studies was short, and the dose of dronabinol may have been too small to ascertain any activity. The effects of cannabis were not investigated.

____ Crohn's Disease:

- There is insufficient evidence to support or refute the conclusion that dronabinol is an effective treatment for the symptoms of irritable bowel syndrome.
 - a. Some studies suggest that marijuana in the form of cannabidiol may be beneficial in the treatment of inflammatory bowel diseases, including Crohn's disease.

____ Parkinson's disease:

- There is insufficient evidence that cannabinoids are an effective treatment for the motor system symptoms associated with Parkinson's disease or the levodopa-induced dyskinesia.
 - a. Evidence suggests that the endocannabinoid system plays a meaningful role in certain neurodegenerative processes: thus, it may be useful to determine the efficacy of cannabinoids in

treating the symptoms of neurodegenerative diseases. Small trials of oral cannabinoid preparations have demonstrated no benefit compared to a placebo in ameliorating the side effects of Parkinson's disease. A seven-patient trial of nabilone suggested that it improved the dyskinesia associated with levodopa therapy, but the sample size limits the interpretation of the data. An observational study demonstrated improved outcomes, but the lack of a control group and the small sample size are limitations.

_____ Multiple sclerosis:

- There is substantial evidence that oral cannabinoids are effective treatment for improving patient-reported multiple sclerosis spasticity symptoms, but limited evidence for an effect on clinician-measured spasticity.
 - a. Based on evidence from randomized controlled trials included in systematic reviews, an oral cannabis extract, nabiximols, and orally administered THC are probably effective for reducing patient-reported spasticity scores in patients with MS. The effect appears to be modest. These agents have not consistently demonstrated a benefit on clinician-measured spasticity indices.

_____ Medical conditions of same kind or class as or comparable to the above qualifying medical conditions:

- The qualifying physician has provided the patient or the patient's caregiver a summary of the current research on the efficacy of marijuana to treat the patient's medical condition.
- Terminal conditions diagnosed by a physician other than the qualified physician issuing the physician certification
- The qualifying physician has provided the patient or the patient's caregiver a summary of the current research on the efficacy of marijuana to treat the patient's terminal condition.

_____ Chronic nonmalignant pain:

- There is substantial evidence that cannabis is an effective treatment for chronic pain in adults.
 - a. The majority of studies on pain evaluated nabiximols outside the United States. Only a handful of studies have evaluated the use of cannabis in the United States, and all of them evaluated cannabis in flower form provided by the National Institute on Drug Abuse. In contrast, many of the cannabis products that are sold in state-regulated markets bear little resemblance to the products that are available for research at the federal level in the United States. Pain patients also use topical forms.
 - b. While the use of cannabis for the treatment of pain is supported by well-controlled clinical trials, very little is known about the efficacy, dose, routes of administration, or side effects of commonly used and commercially available cannabis products in the United States.

Additional DHSS (Department of Health and Senior Services) Regulations

19 CSR 30-95.030 Definitions

Qualifying Patient Responsibilities

_____ A) No qualifying patient shall consume marijuana for medical use in a public place, unless provided by law.

_____ B) No qualifying patient who is under the care of a primary caregiver may serve as the primary caregiver for another qualifying patient.

_____ C) If a qualifying patient is no longer entitled to medical marijuana or no longer wishes to hold a medical marijuana identification card, he or she must notify the department within ten (10) days of that change. The department will confirm in writing that the qualifying patient has voluntarily surrendered the identification card and that the identification card is no longer valid.

_____ D) If a qualifying patient's medical marijuana is stolen or lost, the qualifying patient must notify the department within two (2) days.

Primary Caregiver Responsibilities

- _____ A) No individual shall serve as the primary caregiver for more than three (3) qualifying patients.
- _____ B) No individual shall serve as a primary caregiver for a qualifying patient who is already served by two (2) primary caregivers.
- _____ C) If a primary caregiver is no longer entitled to serve as a primary caregiver or no longer wishes to hold a primary caregiver identification card, he or she must notify the department within ten (10) days of that change. The department will confirm in writing that the primary caregiver has voluntarily surrendered the identification card and that the identification card is no longer valid.
- _____ D) If medical marijuana in possession of a primary caregiver is stolen or lost, the primary caregiver must notify the department in a department-approved format within two (2) days.

19 CSR 30-95.010 Definitions

"Disqualifying felony offense" means a violation of, and conviction of or guilty plea to, state or federal law that is, or would have been, a felony under Missouri law, regardless of the sentence imposed, unless the department determines that:

- _____ (A) The person's conviction was for the medical use of marijuana or assisting in the medical use of marijuana;
- _____ (B) The person's conviction was for a non-violent crime for which he or she was not incarcerated and that is more than (5) five years old; or
- _____ (C) More than (5) five years have passed since the person was released from parole or probation, and he or she has not been convicted of any subsequent criminal offenses.
- _____ **"Dried, unprocessed marijuana or its equivalent"** means the marijuana flower after it has been cured and trimmed or its equivalent amount of marijuana concentrate or THC. For purposes of purchase and possession

Limitations, one (1) ounce of dried; unprocessed marijuana is equivalent to eight (8) grams of medical marijuana concentrate or eight hundred (800) milligrams of THC in infused products.

_____ **Growing Marijuana has its own rules and statutes. Arch Advanced Pain Management and any staff member does not provide legal advice**

THAT THE PATIENT'S DE-IDENTIFIED HEALTH INFORMATION CONTAINED IN THE PHYSICIAN CERTIFICATION AND MEDICAL MARIJUANA USE REGISTRY MAY BE USED FOR RESEARCH PURPOSES.

_____ I have had the opportunity to discuss these matters with the physician and to ask questions regarding anything I may not understand or that I believe needed to be clarified.

By signing this document, I voluntarily agree that all my questions have been addressed; benefits and risks have been discussed. I understand no fees associated with care or obtaining medical cannabis can be applied to any insurance plan. I or my legal representative prior to evaluation of treatment will pay all fees.

Patient's Name or Legal Representative (*print*): _____

Signature: _____ Date: _____

Witness Signature: _____

Print Name: _____ Date: _____