



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Alabama Medical Cannabis Informed Consent

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, must initial each section of this consent form prior to completing the certification or recommendation for treatment with medical cannabis. Signatures by the patient or the patient's parent or legal guardian will indicate that the certifying physician explained the information and, along with the certifying physician, must sign and date the informed consent form.

Classification of medical cannabis:

Initial _____

The federal government has classified cannabis 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 for treatment in the United States; and (3) a lack of accepted safety for use under medical supervision. Federal law prohibits the manufacture, distribution and possession of cannabis even in states, such as Alabama, which have modified their state laws to treat cannabis as a medicine.

When in the possession of medical cannabis, the patient or the patient's caregivers must have his or her medical cannabis use registry identification card in his or her possession at all times.

The approval and oversight status of cannabis by the Food and Drug Administration.

Initial _____

Cannabis has not been approved by the Food and Drug Administration for marketing as a drug. Therefore, the "manufacture" of cannabis for medical use is not subject to any federal standards, quality control, or other federal oversight. Cannabis 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 cannabis.

The current state of research on the efficacy of cannabis to treat the qualifying conditions set forth in this section:

Initial _____

- Autism Spectrum Disorder (ASD).
- Cancer-related cachexia, nausea or vomiting, weight loss, or chronic pain.
 - There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancers, including glioma.
 - There is conclusive evidence to that oral cannabinoids are effective antiemetics in the treatment of chemotherapy-induced nausea and vomiting.
- Crohn's Disease.



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- There is insufficient evidence to support or refute the conclusion that dronabinol is an effective treatment for the symptoms of irritable bowel syndrome.
- Depression.
- Epilepsy or a condition causing seizures.
 - There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for epilepsy.
- HIV/AIDS-related nausea or weight loss.
 - There is limited evidence that cannabis and oral cannabinoids are effective in increasing appetite and decreasing weight loss associated with HIV/AIDS.
- Panic disorder.
- 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 levodopainuced dyskinesia.
- Persistent nausea that is not significantly responsive to traditional treatment, except for nausea related to pregnancy, cannabis-induced cyclical vomiting syndrome, or cannabinoid hyperemesis syndrome.
- Post-Traumatic Stress Disorder (PTSD).
 - There is limited evidence (a single, small fair-quality trial) that nabilone is effective for improving symptoms of post-traumatic stress disorder.
- Sickle Cell Anemia.
- Spasticity associated with a motor neuron disease, including Amyotrophic Lateral Sclerosis (ALS).
 - There is insufficient evidence that cannabinoids are an effective treatment for symptoms associated with amyotrophic lateral sclerosis.
- Spasticity associated with Multiple Sclerosis (MS) or a spinal cord injury.
- A terminal illness.
 - The certifying physician has provided the patient or the patient's caregiver a summary of the current research on the efficacy of cannabis to treat the patient's terminal condition.
- Tourette's Syndrome.
- A condition causing chronic or intractable pain in which conventional therapeutic intervention and opiate therapy is contraindicated or has proved ineffective.

The potential for addiction:

Initial _____



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Some studies suggest that the use of cannabis by individuals may lead to a tolerance to, dependence on, or addiction to cannabis. 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 cannabis, I should contact Dr. _____ (name of certifying physician).

The potential affect that cannabis 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 an individual to be alert or respond quickly.

The use of cannabis 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 vehicular accident, which escalates if alcohol is also influencing the driver. While using medical cannabis 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 cannabis, I can be arrested for "driving under the influence."

The potential side effects of medical cannabis use:

Initial _____

Potential side effects from the use of cannabis 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 the 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. Cannabis may exacerbate schizophrenia in persons predisposed to that disorder. In addition, the use of medical cannabis may cause me to talk or eat in excess, alter my perception of time and space and impair my judgement. Many medical authorities claim that use of medical cannabis, especially by persons younger than 25, can result in long-term problems with attention, memory, learning, drug abuse, and schizophrenia.

There is substantial evidence of a statistical association between long-term cannabis smoking and worsening respiratory symptoms and more frequent chronic bronchitis episodes. Smoking cannabis is associated with large airway inflammation, increased airway resistance, and lung hyperinflation. Smoking cannabis, much like smoking tobacco, can introduce levels of volatile chemicals and tar in the lungs that may rise concerns about the risk of cancer and lung disease.

The risks, benefits, and drug interactions of cannabis:

Initial _____

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 cannabis 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



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incapacitation. If I experience these symptoms, I agree to contact Dr. _____ immediately or go to the nearest emergency room. Numerous drugs are known to interact with cannabis and not all drug interactions are known. Some mixtures of medications can lead to serious and even fatal consequences.

I agree to follow the directions of Dr. _____ regarding the use of prescription and non-prescription medication. I will advise any other of my treating physician(s) of my use of medical cannabis.

Cannabis 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 Dr.

_____ immediately or go to the nearest emergency room if these symptoms occur.

I understand that medical cannabis may have serious risks and may cause low birthweight or other abnormalities in babies. I will advise Dr. _____ if I become pregnant, try to get pregnant, or will be breastfeeding.

The use of medical cannabis could result in termination from employment without recourse and costs may not be covered by insurance or government programs.

Initial _____

The patient's de-identified health information contained in the patient's medical record, physician certification, and patient registry may be used for research purposes or used to monitor compliance with Act 2021-450.

Initial _____

Certification or recommendation by a registered qualifying physician does not constitute a prescription for medical cannabis.

Initial _____

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. I acknowledge that Dr.

_____ has informed me of the nature of a recommended treatment, including but not limited to, any recommendation regarding medical cannabis.

Dr. _____ also informed me of the risks, complications, and expected benefits of any recommended treatment, including its likelihood of success and failure. I acknowledge that Dr. _____ has explained the information in this consent form about the medical use of cannabis.

Patient's Printed Name: _____



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Patient's Signature: _____

Signature of Parent or Legal Guardian of Patient: _____

Relationship to Patient: _____

Date: _____

I have explained the information in this consent form about the medical use of cannabis to
_____ (Print patient name).

Signature of Certifying Physician: _____

Date: _____