

Disclaimer - Risks and Side Effects of Cannabis

A. 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 use under medical supervision. 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.

B. 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 Mike Smith MD.

C. 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 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. 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 persons younger than 25, can result in long-term problems with attention, memory, learning, drug abuse, and schizophrenia.

I agree to contact Mike Smith MD if I experience any of the side effects listed above, or if I become depressed or psychotic, have suicidal thoughts, experience crying spells, respiratory problems or begin to withdraw from my family and/or friends.

Patient Information and Signature

Patient Name: John Sample

Date Of Birth: 17/05/1967

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Phone: (323) 283 -3266

I.P. Address: 23.241.93.42

Date: 10/15/19

Time: 03:30 am

Signature:

