



Medical Marijuana Program in NJ

MEDICAL MARIJUANA ACKNOWLEDGEMENT Of DISCLOSURE AND INFORMED CONSENT

1. I, _____ understand that medical marijuana is a medicine used in treating the suffering caused by serious and debilitating medical conditions. Serious and debilitating medical conditions include:
 - **Amyotrophic Lateral Sclerosis (ALS)**
 - **Anxiety**
 - **Cancer**
 - **Chronic pain of visceral origin**
 - **Chronic pain related to musculoskeletal disorders**
 - **Crohn's Disease**
 - **Epilepsy**
 - **Glaucoma**
 - **HIV (Human Immunodeficiency Virus) / AIDS (Acquired Immune Deficiency Syndrome)**
 - **Inflammatory Bowel Disease**
 - **Intractable Muscle Spasticity**
 - **Intractable Seizures**
 - **Migraine**
 - **Multiple Sclerosis**
 - **Muscular Dystrophy**
 - **Opioid Use Disorder as an adjust to Medication Assisted Therapy**
 - **Post-traumatic Stress Disorder (PTSD)**
 - **Seizure Disorder**
 - **Terminal illness with prognosis of less than 12 months to live**
 - **Tourette's Syndrome**
2. I understand that medical marijuana use for treatment of these conditions has not been approved by the Federal Drug Association ("FDA")
3. I have been advised and understand that the use of cannabis (medical marijuana) may affect my coordination and cognition in ways that could impair my ability to drive, operate heavy machinery, or engage in potentially hazardous activities.
4. Although smoking marijuana has not been linked to lung cancer, smoking marijuana can cause respiratory harm, such as bronchitis. Many researchers agree that marijuana smoke contains known carcinogens (chemicals that can cause cancer), and that smoking marijuana may increase the risk of respiratory diseases and cancers of the lungs, mouth, and tongue. I have been advised that cannabis (medical marijuana) smoke contains chemicals known as tars that may be harmful to my health. Vaporizers may substantially reduce many of the potentially harmful smoke toxins that normally present in marijuana smoke.
5. Medical marijuana is available in many different forms and you are encouraged to speak with your provider about what he/she feels would be best for your diagnosis. Patients enrolled in our Medical Marijuana Program here at Relievus are encouraged to use edible or ingested forms of medical marijuana as inhalation of medication is associated with lung pathology including lung cancer. Patients who are on home oxygen are also encouraged to use edible forms of medication to avoid the risk of burn injuries if medication is smoked.
6. I understand that the side effects may occur while I am taking medical marijuana. These side effects have been explained to me. Side effects of medical marijuana can include, but are not limited to:



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Headache	Decreased blood flow to brain	Altered body temperature	Fatigue
Inattention	Aggressiveness	Sedation	Anxiety or panic
Inability to concentrate	Decreased verbal skills	Nystagmus	Decreased coordination
Suicidal ideation	Increased food consumption and weight gain	Rapid heart rate	Reduced muscle strength
Altered libido / Impotence	Hallucinations	Confusion	Paranoia
Euphoria	A motivational syndrome	Increased talkativeness	Hunger
Addictive behaviors	Depersonalization	Reduced testicular size	

- Marijuana varies in potency. The effects of marijuana can also vary with the delivery system. Estimating the proper marijuana dosage is very important. Symptoms of marijuana overdose include, but are not limited to nausea, vomiting, disturbances to heart rhythms and numbness of the limbs and/or hacking cough
- For some patients, chronic marijuana over use can lead to laryngitis, bronchitis and general apathy.
- Using marijuana may decrease reproduction function in men as well as women. Women who are trying to conceive, or who are pregnant or breast-feeding should not use marijuana. Marijuana may increase risk of leukemia in children whose mothers smoked marijuana during pregnancy. Marijuana may also increase risk of an aggressive form of testicular cancer in men.
- I understand that some patients can become dependent on marijuana. This means they experience withdrawal symptoms when they stop using marijuana. Signs of withdrawal symptoms, while generally mild, can include feelings of depression, sadness or irritability, restlessness or mild agitation, insomnia, sleep disturbances, unusual tiredness, troubled concentration and/or loss of appetite.
- Although marijuana does not produce a specific psychosis, the possibility exists that it may exacerbate schizophrenia in persons predisposed to that disorder.
- I understand that using marijuana while under influence of alcohol is not recommended.
- I understand that the cannabis plant 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 agree to tell the attending physician/nurse practitioner/ physician assistant /medical provider if I have ever had symptoms of depression, been psychotic, attempted suicide, or had any other mental problem. I also agree to tell the attending physician if I have ever been prescribed or taken medicine for any of these problems.
- I understand that the attending physician/nurse practitioner/ physician assistant /medical provider does not suggest nor condone that I cease treatment of medications that stabilize my mental or physical condition.
- I affirm that I have a serious medical condition that adversely affects my quality of life. I have found or am interested in finding whether cannabis (medical marijuana) provides substantial relief and improvement in my condition.
- If I start taking medical marijuana, I agree to tell my attending physician/nurse practitioner/medical provider if I experience any adverse symptoms (side effects).
- I understand that the cannabis plant is not regulated by the United States Food and Drug Administration and may contain unknown quantities of active ingredients, impurities and I or contaminants. In requesting an approval or recommendation for the use of this plant as medication I assume full responsibility for any and all risks of this action.
- I am advised that the use of cannabis may affect my coordination and cognition in ways that could impair my ability to drive, operate machinery, or engage in potentially hazardous activities. I assume full responsibility for any harm resulting to me and I or other individuals as a result of my use of cannabis.
- Some users develop a tolerance to marijuana. This means higher and doses are required to achieve the same pain relief. If I think I may be developing a tolerance to marijuana, I will notify my attending physician.



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21. I agree to discontinue its use and report problems or side effects to the attending physician/nurse practitioner / medical provider.
22. I understand that the attending physician /nurse practitioner/physician assistant/medical provider, staff and representatives of this practice are neither providing nor dispensing cannabis, nor are they encouraging any illegal activity in my obtaining medical marijuana.
23. I understand that the attending physician/nurse practitioner/physician assistant/medical provider in order to conduct an appropriate evaluation, must do a physical exam and take my prior medical history and family history.
24. At this time, cannabis is an alternative or complementary treatment. I understand to receive a recommendation for cannabis use, I should have tried, or be willing to consider trying, at least one other recommended treatment from a medical provider. I have obtained or attempted to obtain medical records pertaining to my condition or currently have to medical records pertaining to my condition and agree to be referred for further evaluation as the physician deems necessary.

_____ X _____
 Patient's Name Signature Date

Release of All Claims and Liability

1. I understand that should I be given a recommendation for medical use of cannabis, I understand that I must be regularly followed- up by a doctor and appear for a re-evaluation at a date specified by the attending physician/nurse practitioner / medical provider.
2. I request a consultation by an attending physician/nurse practitioner/medical provider for the sole purposes of determining the appropriateness of medical cannabis treatment. I, the undersigned, understand that there are no representations about the medical efficacy of cannabis.
3. I understand that the attending physician/nurse practitioner /medical provider , staff, and representatives at Relievus – Advanced Spine and Pain, LLC are addressing specific aspects of my medical care, and, unless otherwise stated are in no way establishing themselves as my primary care provider . The attending physician/nurse practitioner/physician assistant/medical provider is only rendering an opinion regarding the therapeutic indication of the use of medical marijuana.
4. My heirs, assigns, or anyone acting on my behalf, hold the attending physician/nurse practitioner/medical provider and his/her principles, agents and employees, free of and harmless from any responsibility and liability resulting from the use of cannabis. In case any claim or dispute arises, I agree to arbitrate such claims/disputes and I agree that Pennsylvania law will govern such claims/disputes.
5. Further, if any of these clauses is deemed invalid, the other clauses will remain in full force and effect.

_____ X _____
 Patient's Name Signature Date



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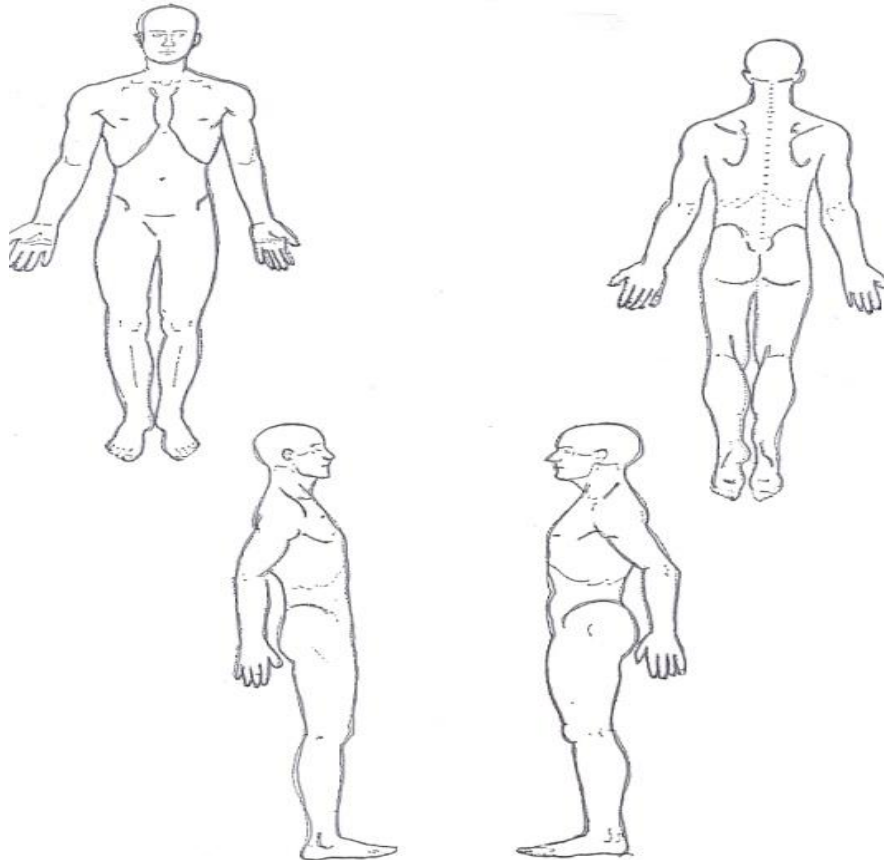
• Today's date: _____ • Name : _____

• Age _____ • Date of Birth _____ • Height _____ • Weight _____

Right hand dominant Left hand dominant • Sex : Male Female

Referral Physician: _____ **Primary Care Physician:** _____

Chief Complaints;



• Current Pain Level (0 ~ 10) 0 1 2 3 4 5 6 7 8 9 10

• Average Pain Level (0 ~ 10) 0 1 2 3 4 5 6 7 8 9 10



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• Location _____

• Does the pain radiate anywhere (“shooting down” or “shooting up”)

• When was the pain started ? _____

• How was the pain started ? _____

• Please, describe your pain

Dull Aching Sharp Shooting Stabbing Throbbing Numbness Burning

• How often is your pain present ? Occasional Frequent Constant

• Worst time of day? Morning Afternoon Evening Night All the time

• What makes symptoms worse/exacerbate? _____
 Walking Standing Lying down Sitting Bending forward Bending backward Driving
 Coughing Bowel movement Cold weather Hot weather Rainy day Lifting objects

• Sleeping : Well “OK” Terrible 2 hrs 4 hrs 6 hrs 8 hrs >10 hrs

• How often do you wake up at night? 0 1 2 3 4 >5 times

Past Medical History

- Heart Coronary artery disease Hypertension Murmurs Valvular disease Aneurysm High cholesterol
 Pacemaker Deliberator Heart failure Angina Other _____
- Lungs Asthma COPD Emphysema Bronchitis TB Pneumonia Lung cancer Other _____
- Gastrointestinal Ulcer Reflux Gastritis Hepatitis Cancer Bleeding Diverticulosis Other _____
- Kidney Failure Stones Dialysis (When) _____ Other _____
- Endocrine Diabetes Hypothyroidism Hyperthyroidism Other _____
- Neuro Stroke Aneurysm Brain cancer Nerve injury Spinal cord injury Alzheimer's Dementia
 Seizures Parkinson's Other _____
- Psychiatric Depression Bipolar Anxiety Panic disorder Psychosis Schizophrenia Other _____



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- Bone/Muscular Arthritis Rheumatoid arthritis Osteoarthritis Gout Osteoporosis Scoliosis Other _____
- Cancer _____
- Other _____

Past Surgery History

Allergies

- Latex No Yes Reaction _____ • Contrast (Dye) No Yes Reaction _____
- Allergic to any medication(s) ? _____

Previous Medications (Tried previously but failed to relieve the symptoms & pain)

Current Medications

Significant Family History (Cancer, hypertension, diabetes, depression, back pain...)

- Father side _____
- Mother side _____
- Siblings _____



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Social History

- Tobacco: Never Quit in _____ Currently ____ pack per day
- Alcohol : Never Rarely Moderate Daily _____
- Use of drugs: Never Occasionally Frequently, Type/frequency _____
- Marital status: Single Married Separated Divorced Widowed

This form is completed by

Patient _____ Date _____

Medical Marijuana Program in NJ Disclaimer

I wish to participate in Medical Marijuana Program in NJ at Relievus. I understand and acknowledge that Medical Marijuana Program in NJ is **NOT** be covered by either federal or private payors and my personal healthcare insurance does **NOT** cover Medical Marijuana Program in NJ. Thus, I agree not to make a claim for Medical Marijuana Program in NJ with my personal healthcare insurance carrier and further agree and acknowledge that I must pay by cash or major credit card all related healthcare costs related to the Medical Marijuana Program in NJ at Relievus.

By signing below, I accept and acknowledge that **I am opting out** of using my healthcare insurance for the Medical Marijuana Program in NJ and accept paying cash or major credit card for these services.

Acknowledged and accepted by:

Patient Name

Patient Signature

Date



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Note: The registry ID # and the reference # will be given to you in the office if you are determined to be eligible for MMP after the initial evaluation

Online Registration Step by Step Instructions

- Check-Off List for Qualifying Patients/Caregivers → Go to <https://njmmp.nj.gov/> and open Patient Registration page → Complete required information
- Enter patient reference number supplied by physician and submit
- Complete required patient information
- Enter the Alternative Treatment Center of choice
- Complete patient certification
- Complete required caregiver information (if applicable)
- Click “Save and Continue” and review confirmation page
- Continue to upload documents for both patient and caregiver (if applicable)
- Upload patient and caregiver photograph – Required
 - ✓ Photograph must be a recent digital photo taken against a white background; the patient/caregiver shall not wear a hat, glasses or any other item that may alter or disguise the overall features of the face; the patient/caregiver face must take up 70 percent of the picture; and a digital photograph must be in JPEG format, which is the format currently used by most digital cameras.
- Document 1 - Government issue photo identification – Required one of the following:
 - ✓ Current NJ digital license
 - ✓ Current NJ digital non-driver ID card
 - ✓ NJ County ID Card
- Document 2 - Proof of current New Jersey residency - Required (P.O. Boxes NOT Accepted) one of the following:
 - ✓ Utility bill issued in the past 90 days that shows your name at your current address
 - ✓ Utility Bills accepted: Gas-Electric-Water-Sewer-Cell Phone-Cable (Television/Internet/Phone)
 - ✓ Any correspondence from IRS or NJ State tax office within the last year.
- Document 3 – Proof of government assistance - Optional one of the following:
 - ✓ NJ Medicaid
 - ✓ Food Stamp Benefits
 - ✓ NJ Temporary Disability Insurance benefits
 - ✓ Supplemental Security Income (SSI) benefits
 - ✓ Social Security Disability (SSD) benefits
 - ✓ [Government assistance pictures for comparison](#)
- Save and continue
- If applicable, download the caregiver criminal background check form. The Caregiver is required to complete form and follow the attached instructions.



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- The MMP will review your application and supporting documents. All applications will be responded to via e-mail with further instructions for finalizing your application. Approved applicants will be instructed on the MMP e-payment process.
- Once notified by the MMP of the fee amount, the patient will be prompted to return to the registry homepage and click on payment (you will need your patient reference number) click submit and complete the required information (as noted by the red asterisk). If submitted correctly, you will receive a transaction confirmation number on the last page.
- Denied applicants will be provided instructions on amending your application.
- Questions regarding this process will be addressed by contacting the MMP Customer Service Unit at 609-292-0424 or medical.marijuana@doh.nj.gov

Find an Alternative Treatment Center

<u>Compassionate Care Foundation, Inc.</u>	100 Century Drive Egg Harbor Twp., NJ (609) 277-7547
<u>Greenleaf Compassion Center</u>	395 Bloomfield Ave Montclair, NJ 07042 (973) 337-5670
<u>Garden State Dispensary</u>	950 U.S. Highway 1 North Woodbridge, NJ 07095 (848) 999-2005
<u>Breakwater Alternative Treatment Center</u>	2 Corporate Drive Cranbury, NJ 08512 (732) 703-7300
<u>Foundation Harmony</u>	Location Pending (201) 840-5800
<u>Compassionate Sciences, Inc.</u>	111 Coolidge Avenue Bellmawr, NJ 08031 (856) 933-8700