

Important Information you need to know.

There are unresolved medical and legal questions regarding medical marijuana.

Medical Marijuana is classified by the state of Louisiana as an unconventional and experimental treatment with unproven medical benefits. There are also risks with medical marijuana treatment. Marijuana is not FDA approved and there are very few safety or efficacy studies available.

The federal government and many other states consider use and possession of marijuana, even for medical use, to be illegal. Companies have wide latitude to discipline or terminate employees who use marijuana, even with a doctor's recommendation.

Traveling with medical marijuana outside Louisiana can be problematic due to differing laws. However, patients participating legally in a state medical marijuana program are not generally at risk of losing government benefits like retirement, pension, VA, health, disability, or Social Security.

You do not receive a marijuana card.

Unlike other states, you do not have to register with the state and you do not receive any type of card. You simply receive a recommendation that you will fill at the dispensary.

Recommendations can only be written for 30 days with no refills

You will need to contact your doctor every time you run out of medication. Recommendations cannot be refilled early.

Can only use marijuana in the legally permitted forms

Doctors can recommend oral, oil, edible, topical, suppository, and certain forms of inhaled dosing, but patients cannot be recommended any raw or smokable forms of marijuana.

Date: _____

First name: _____ Last name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Primary Phone: _____

Alternate Phone: _____ Social Security Number: _____

E-mail address: _____

In case of emergency: _____ Relationship: _____

Phone: _____ Secondary phone: _____

Pharmacy: _____ Location: _____

Phone: _____ Primary Care Provider: _____

MEDICAL HISTORY:

Hospitalizations ~ Date and illness/Reason:

_____ Surgeries ~ Date and Type (including any body implants such as cardiac stents, heart valves, joint replacements, pacemakers):



Current medical conditions: ~ including asthma, COPD, diabetes, heart disease, heart murmur, hepatitis, HIV/AIDS, hypertension, kidney failure, venereal disease, alcohol or drug addictions, present or previous psychiatric care:

_____ Allergies ~ Name of Drug and Reaction, including any type of anesthetic:

_____ CLINICAL HISTORY AND CONDITION: Indication for Cannabis Treatment:

Chief complaint for evaluation of cannabis treatment:

_____ List of Symptoms ~ Type / Frequency / Severity

1. _____
2. _____
3. _____

Prior Treatment(s), Duration and Outcome of Treatment:

_____ RX Medication Name : _____ Dosage:
_____ Regimen: _____

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Target Symptom OTC / Vitamins / Supplements / Herbals / Homeopathic / Other Self-Medications:

Are you currently taking Aspirin, Coumadin, Plavix, Persantine or other blood thinners?

Preventative care - list ongoing medical treatments, special diets, physical therapies, etc.

If female, are you currently pregnant or think that you may be: YES ___ NO ___

Date of last menstrual cycle : _____ Are you planning on getting pregnant? YES ___ NO ___

FAMILY MEDICAL HISTORY: Hereditary diseases, significant illnesses or cause of death of grandparents / parents / children / siblings / aunts / uncles / cousins, Example: allergy / bleeding disorders / cancer / heart disease / sickle cell anemia / psychiatric problems such as anxiety/ bi-polar / depression, etc.

SOCIAL HISTORY AND HABITS: Coffee cups / day _____ Tea cups / day _____ Alcohol cups / day

_____ Tobacco cigarettes / day _____ How many years have you been smoking?

If you quit, when did you stop? _____ Do you currently use marijuana? YES _____ NO

If yes, how often and by what method, does it help alleviate symptoms of your qualifying condition?

Recreational drug use - frequency / type / route, ie. Ingestion, injection, snorting?

I am being evaluated for a physician's recommendation for medicinal use of marijuana. The physician will make this recommendation based, in part, on the medical information I have provided. I have not misrepresented my medical condition in order to obtain this recommendation and it is my intent to use marijuana only as needed for the treatment of my medical condition, not for recreational or non-medical purposes. I understand that it is my responsibility to be informed regarding state and federal laws regarding the possession, use, sale/purchase and/or distribution of marijuana. I have been informed of and understand the following:

1. 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. Federal law prohibits the manufacture, distribution and possession of marijuana even in states, such as Louisiana, which have modified their state laws to treat marijuana as a medicine.
2. 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 standards, quality control, or other oversight. Marijuana may contain unknown quantities of active ingredients (i.e., can vary in potency), impurities, contaminants, and substances in addition to THC, which is the primary psychoactive chemical component of marijuana.
3. The use of marijuana can affect coordination, motor skills and cognition, i.e., the ability to think, judge and reason. While using marijuana, I should not drive, operate heavy machinery or engage in any activities that require me to be alert and/or respond quickly. I understand that if I drive while under the influence of marijuana, I can be arrested for "driving under the influence."

Patient name _____

Date _____

4. 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, 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 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 cannabis, especially by persons younger than 25, can result in long-term problems with attention, memory, learning, a tendency to drug abuse, and schizophrenia. The physician recommends cannabis use only for the relief of serious symptoms, and not for habitual use.

5. I understand that using marijuana while under the influence of alcohol is not recommended. Additional side effects may become present when using both alcohol and marijuana. Cannabis should be treated as an open container of alcohol. It should not be within reach in the car, and should not be extinguished in the vehicles ash tray.

6. I agree to contact the nearest emergency room 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 the nearest emergency room 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.

7. Work related drug test may be positive for THC.

8. The risks, benefits and drug interactions of marijuana are not fully understood. If I am taking medication or undergoing treatment for any medical condition, I understand that I should consult with my treating physician(s) before using marijuana and that I should not discontinue any medication or treatment previously prescribed unless advised to do so by the treating physician(s).

9. Individuals may develop a tolerance to, and/or dependence on, 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 the nearest emergency room.

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

11. 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 the nearest emergency room.

12. If the treating physician subsequently learns that the information I have furnished is false or misleading, the recommendation for marijuana may no longer be valid. I agree to promptly meet with the physician and/or provide additional information in the event of any inaccuracies or misstatements in the information I have provided.

Patient name _____

Date _____

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

14. The physician also informed me of the risks, complications and expected benefits of any recommended treatment, including its likelihood of success and failure.

15. I acknowledge that the physician informed me of any alternatives to the recommended treatment, including the alternative of no treatment, and the risks and benefits.

16. When under the influence and/or in possession of cannabis in public, a copy of your recommendation should be on your person at all times.

17. I understand the importance of securely storing medical marijuana to reduce the risk of exposure to children or diversion by others.

18. In order to stay in compliance with the Louisiana State Medical Board regulations, it is required that you return to your recommending physician for a review of your medical condition and an update of your recommendation at intervals not to exceed 90 days.

19. Patients giving any dishonest or untruthful information will be discharged.

Print Name _____

DOB _____

Patient Signature _____ Date: _____



AYMAN HAMED, MD
4600 SHERWOOD COMMON BLVD., STE. 401
BATON ROUGE, LA 70809
(P) 225-767-1390 (F) 225-767-1391
HAMEDMD.COM

The physician may require a urine drug screen to be collected at your visit today, per his/her discretion. The fee for this service will be \$87; which will be due at the time of visit.

Print Name _____

DOB _____

Patient Signature _____

Date _____