# MEDICINAL CANNABIS INFORMED CONSENT FORM TEMPLATE

*This template is designed to assist applicants in preparing their applications for review by the NIIM HREC. The responsibility of ensuring informed consent is accurately given remains the applicant’s. If using this template, applicants should ensure it is amended appropriate to their application.*

## PATIENT DETAILS

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  |  |
| Date of Birth |  |

## QUESTIONNAIRE

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| --- | --- |
| **What is the primary diagnosis or medical condition for which you seek treatment with medicinal cannabis?** | |
| [\_] (E.g. Chronic Pain) | [\_] (E.g. CINV) |
| [\_] (E.g. Autism Spectrum Disorder) | [\_] (Etc) |
| [\_] (add or remove boxes to list all indications) | [\_] (…) |
| [\_] Other: | |

|  |  |
| --- | --- |
| **Have you ever self-medicated or are you currently self-medicating with cannabis?** | YES / NO |

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| **What other treatments have you tried for this condition?** |
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| **What medications have you previously used? List any side effects and your reason for stopping.** |
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| **Do you currently experience, or have a history of, the following?** | | |
| [\_] Psychosis | [\_] Bipolar Disorder | |
| [\_] Mood disorder or severe anxiety | [\_] Cardio-respiratory disease | |
| [\_] Drug dependence or substance abuse | | |
| [\_] Anything else you would like to mention: | | |
| **Are you pregnant, breastfeeding, or considering pregnancy?** | | YES / NO |

## PATIENT DECLARATION

|  |  |  |
| --- | --- | --- |
| I understand that the long-term side-effects of medicinal cannabis are unknown. | YES | NO |
| I understand that medicinal cannabis is an unregistered medicine in Australia. | YES | NO |
| I understand that the quality, safety, and efficacy of medicinal cannabis have not been assessed by the Australian government’s Therapeutic Goods Administration. | YES | NO |
| I understand that the prescribing doctor will report my treatment outcomes to the government. | YES | NO |
| I understand that the cost of medicinal cannabis is solely my responsibility. | YES | NO |
| I understand that I must not drive or operate heavy machinery whilst taking medicinal cannabis containing THC. If I drive under these circumstances, I am breaking the law. I understand that a legally issued prescription does not provide a defence to such an offence. | YES | NO |
| I understand the risks and complications associated with medicinal cannabis treatment. I agree to follow my doctor’s recommendation regarding dosing. I agree to report any adverse effects I experience from taking medicinal cannabis, including but not limited changes in the levels of sedation, lethargy, fatigue, dry mouth, nausea, vomiting, diarrhoea, drowsiness, dizziness, disorientation, agitation, balance problems, changes in memory, paranoid delusions, or hallucinations. | YES | NO |
| I understand that there is a possibility of unknown risks and side effects. | YES | NO |
| I understand that medicinal cannabis might interact with my other medications, and doses may need to be adjusted accordingly. | YES | NO |
| I agree to keep a log of my doses and changes in symptoms due to medicinal cannabis. | YES | NO |
| I agree to attend regular follow-up consultations in the clinic or over the phone as directed by my doctor. | YES | NO |
| I agree that I will not use any form of cannabis other than that prescribed by my doctor, including any illicit form of cannabis (marijuana). | YES | NO |
| I agree to notify my prescribing doctor of any changes in my other medications. | YES | NO |
| I agree to share my clinical outcomes for research purposes. | YES | NO |

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| --- | --- | --- | --- |
| **I,** |  | **, declare that all answers in this Consent Form are true** | |
| **and correct to the best of my knowledge and belief.** | | | |
| Signature | | | Date |