BENEFITS AND RISKS OF MARIJUANA USE

_____When in the possession or under the influence of medical marijuana, you or your caregiver must have the state-approved medical marijuana identification card in your possession at all times.

BENEFITS:

_____Most of the benefits of medical marijuana are based on the positive experiences of patients. Evidence from research suggests that marijuana may be an effective treatment for chronic pain, nerve pain, and muscle spasms. Marijuana can reduce nausea and vomiting (especially in patients receiving cancer chemotherapy), improve sleep, and can increase appetite.

RISKS:

_____Marijuana has not been approved by the Food and Drug Administration for marketing as a drug. Therefore, marijuana for medical use is not subject to any federal standards, quality control, or other oversight, although PA regulations do require quality testing and sampling of all medical marijuana products available in PA dispensaries.

_____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 my doctor.

_____The use of marijuana can affect coordination, motor skills and the ability to think, judge and reason clearly. Driving under the influence of marijuana can increase the risk of accidents, and the risk increases if alcohol is also influencing the driver. I understand that using medical marijuana while consuming alcohol is not recommended. While using medical marijuana, 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 marijuana, I can be arrested for “driving under the influence.”

_____Potential side effects from the use of marijuana can include, but are not limited to, the following: dizziness, anxiety, confusion, sedation, low blood pressure, elevated heart rate, impairment of short term memory, euphoria (feeling high), difficulty in completing complex tasks, inability to concentrate, impaired motor skills, paranoia, psychotic symptoms, general apathy, depression and/or restlessness, suppression of the body’s immune system, and may affect the production of sex hormones. Marijuana should not be used by individuals with a family history of schizophrenia. The use of marijuana, especially by persons younger than 25, may result in long-term problems with attention, memory, learning, and drug abuse.
I agree to inform my physician 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 inform my physician 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. I will contact my nearest emergency room if my symptoms are severe.

Withdrawing from regular use of marijuana can cause side effects. 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 marijuana overdose may include, but are not limited to, nausea, vomiting, disturbances in heart rhythms, numbness in the hands, feet, arms or legs, anxiety attacks and incapacitation. If I experience these symptoms, I agree to inform my doctor and immediately go to the nearest emergency room.

Numerous drugs are known to interact with marijuana and not all drug interactions are known. Some mixtures of medications can lead to serious consequences. I agree to follow the directions of my doctor regarding the use of all prescription and non-prescription medication. I will advise any other of my treating physician(s) of my use of medical marijuana.

Marijuana may increase the risk of bleeding, low blood pressure, elevated blood sugar, elevated liver enzymes, and changes in other bodily systems when taken with herbs and supplements. I agree to contact my doctor immediately or go to the nearest emergency room if these symptoms occur.

I understand that medical marijuana may cause low birth weight or other abnormalities in babies. I will advise my doctor if I become pregnant, try to get pregnant, or will be breastfeeding.

I have had the opportunity to discuss these matters with my doctor and to ask questions regarding anything I may not have understood. I acknowledge that I have been informed of the nature of a recommended treatment, including but not limited to, any recommendation regarding medical marijuana.

My doctor has informed me of the risks, complications, and expected benefits of any recommended treatment, including its likelihood of success and failure. I acknowledge that I have been informed of any
alternatives to the recommended treatment, including the alternative of no treatment, and the risks and benefits.

_______________________________________  ______________________________________
Patient Signature                           Date                           Time

_______________________________________  ______________________________________
Physician Signature                         Date                           Time

Adapted from and courtesy of Ari Greis, DO, Rothman Institute

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