

# Surfers Health Medical Cannabis Centre Patient Consent Form

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## Patient Details

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

## Privacy Policy

We require your consent to collect personal information about you. Please read this consent form carefully and sign where indicated below.

Surfers Health Medical Centre collects information from you for the primary purpose of providing quality health care.

We require you to provide us with your personal details and a full medical history so that we can properly assess, diagnose, treat and be proactive in your healthcare needs. This means we will use the information you provide us in the following ways;

1. Administrative purposes in running our medical centre
2. Billing purposes including compliance with Medicare
3. Disclosure to others involved in your healthcare including treating doctors and specialists outside the medical practice
4. Disclosure to other doctors in the practice, locums etc attached to the practice for the purpose of patient care and teaching
5. Disclosure for research and quality assurance activities to improve individual and community health care and practice management, all information in these instances is un-identified.

## Risk Factors & Side Effects

As with any medication, medicinal cannabis products can have side effects. I understand that there may be risks associated with the use of medicinal cannabis treatment and I am aware that;

1. I may experience side effects including, but not limited to, fatigue and sedation, vertigo, nausea and vomiting, fever, increased/decreased appetite, dry mouth, diarrhea, convulsions, feeling of euphoria (intense happiness) or depression, confusion, hallucinations or paranoid delusions and psychosis or cognitive distortions (having untrue thoughts)
2. There is very limited evidence available about how medicinal cannabis reacts with other medications
3. There may be adverse effects of long term use and that those effects remain unclear. I am aware that the adverse effects reported in long term recreational users, include the development of dependence.
4. Patients using any medicinal cannabis products should seek their doctor's advice before driving or operate machinery due to the risk of experiencing drowsiness. While drowsiness is not a known side of CBD alone, it may occur if CBD interacts with other medications. Some

medicinal cannabis products may also include THC, in which case there is a strict ban on driving and operation of machinery. Measurable concentrations of THC can be detected in urine many days after the last dose. It may take up to five days for 80 – 90 percent of the dose to be excreted. Drug-driving is a criminal offence.

5. In the event a patient does experience an unintended side effect then this should be reported as soon as is reasonably possible to Surfers Health Medicinal Cannabis Centre using the contact details Ph: 07 5592 5999 Email: [info@surfershealth.com.au](mailto:info@surfershealth.com.au)

### **Possession & Transport**

It is an offence under the Drugs Misuse Act to administer and possess an illegally produced cannabis-based product, which has not been approved for use.

Before transporting medicinal cannabis across state or international borders, patients should enquire with the relevant authorities regarding the legality of this.

### **Contraindications**

A contraindication is any condition, factor or reason which may result in a medication being withheld due to the potential harm it may cause to a patient. Medicinal cannabis is not suitable for people with;

1. A history of psychosis
2. Bipolar disorder
3. Severe and unstable cardio-pulmonary disease
4. Women who are pregnant, planning to become pregnant or breastfeeding

A decision of whether to make an application for medicinal cannabis is decided on a patient by patient basis. The presence of risk factors such as severe disease or mental health issues may increase the likelihood that an application is not made. These risk factors will be discussed with a doctor.

### **Monitoring & Treatment Cost**

I am aware that;

1. There is no guarantee as to the efficacy of medicinal cannabis, as the scientific evidence of its effectiveness is limited.
2. There is a registered medication, Sativex, which has been TGA approved and tested for safety, efficacy for use in patients with Multiple Sclerosis (MS), though this can also be used off-label for other indications. Patients have the option to choose this product at their consultation with a doctor.
3. I will be taking medicinal cannabis on a trial basis, which can be stopped or varied if there is no significant benefit or at the discretion of a relevant medical professional.
4. The cost associated with approval and use of medicinal cannabis will be borne by the individual patient seeking to use the medication. Medicinal cannabis is not Pharmaceutical Benefits Scheme (PBS) subsidised and as such can cost upwards of \$150 per month. The exact cost will be dependent on the specific medication prescribed and the dosage, which will vary from patient to patient.

5. Should medicinal cannabis be approved for your condition, you will be required to undergo monitoring consultations with a doctor at 1, 2, 3, 6 and 12 month intervals from your initial prescription. The purpose is to monitor and review the positive and negative effects of the medicinal cannabis, ensure patient safety and confirm efficacy.
6. In the instance of a severe reaction or side effect to medicinal cannabis, patients should seek immediate medical care at their nearest medical centre. Should patients experience any side effects (positive or negative) then these should be reported to TGA as an adverse event.

#### **Nominated Pharmacy**

If our application to the TGA for you to receive medicinal cannabis is approved, then following a post-approval consultation with a doctor, a prescription for medicinal cannabis will be issued. This script is required by a pharmacy in order to dispense medical cannabis.

Surfers Health Medical Centre will automatically send this script to a nominated pharmacy of our choosing, which can then arrange for the medicinal cannabis to be dispensed. This is the default option, however if you wish you can nominate a pharmacy of your own choosing. In this instance you would need to ensure your chosen pharmacy is capable and willing to dispense medicinal cannabis. Surfers Health Medical Centre is unable to guarantee the cost of medicinal cannabis.

If you wish to nominate your own pharmacy then please notify us in writing via email to [info@surfershealth.com.au](mailto:info@surfershealth.com.au). This notification is required before your initial consultation with a Cannabis doctor. If a notification is not received prior to your initial consultation then Surfers Health Medical Centre will take this as confirmation that you wish for us to nominate a pharmacy on your behalf.

If the Cannabis doctor issues a repeat for your prescription please note that your nominated pharmacy will need to keep the original prescription on file for you to return when your next dosage is due.

#### **Declaration**

I give permission for Surfers Health Medical Centre to freely discuss and request information concerning my medical history with my relevant healthcare professionals, hospitals or laboratories and other regulatory federal and state authorities for the purpose of Special Access Scheme and Department of Health approvals. I understand that such information will remain confidential.

I hereby confirm that I have;

1. Read & understood all information contained in the consent form.
2. Had sufficient opportunity to raise and questions I have relating to Medicinal Cannabis.
3. Freely agreed to use medicinal cannabis as an unapproved/unregistered product and am aware of the risks this may involve.
4. Understood that I am free to stop taking medicinal cannabis at any time.
5. Provided consent for any information pertaining to my medical condition and personal information to be request and freely discussed by Surfers Health Medical with relevant health care professionals.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Relation: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Substitute Decision Maker**

In the instance that you are not able to physically provide a signature then a Substitute Decision Maker (DM) can be used. If you have signed the above declaration then you can ignore this section. The signature of a DM below indicates that the patient has agreed to the above declaration.

DM Name: \_\_\_\_\_ DM Relation: \_\_\_\_\_

DM Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Source of decision making authority

- Patients own consent
- Tribunal – appointed guardian
- Enduring Power of attorney or Advice Health Directive
- If none of the above, the Adult Guardian has provided consent

**Current Specialists**

Please list all current medical and specialists practitioners that you are under the care of in the space below. If additional space is required then please complete on a blank sheet and attach to this form.

Practitioner Name: \_\_\_\_\_

Speciality: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practitioner Name: \_\_\_\_\_

Speciality: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Return Details**

Please email completed document to [info@surfershealth.com.au](mailto:info@surfershealth.com.au)