



Medical Marijuana Program in Pennsylvania

Our Commitment to You

- We will provide you with the most appropriate care in the most time-efficient fashion.
- We will treat you with respect and professionalism.
- We will always do our best to keep your scheduled appointment and to minimize any wait time you may incur. However, due to circumstances beyond our control, there may be times that we must reschedule your appointment with short notice.
- In order to give you as much notice as possible, we request a phone contact so that we can reach you in person during the day, such as a business number or cell phone.
- We will do our best to move your appointment to an earlier time or date if we have a cancellation in our office schedule.
- If you have any questions regarding this information, please do not hesitate to ask us. We are here to help you.

General Information

- Our office hours are very limited. It is very important that you keep your appointment.
- If you have an emergency and cannot keep your appointment, you must contact our office **no later than 48 hours** prior to your scheduled appointment date.
- We may charge a **NO SHOW FEE** if your appointment is not kept or cancelled 48 hours prior to your scheduled time.
- In order to treat you effectively and efficiently and within HIPAA guidelines, we require a registration form and several other forms be completed by you.
- We are sorry, but due to the high fax volume we are NOT able to accept any of the following documents via fax. Without the completed documents, films, tests, and referral, if appropriate, you will NOT be seen by the doctor and your appointment will be RESCHEDULED.
 1. Photo ID
 2. MRI films and reports, CT scan films and reports, bone scan reports
 3. EMG reports
 4. Primary doctor's notes, other specialists' notes (orthopedic surgeon, neurologist, psychiatrist, rheumatologist, oncologists, infectious disease physicians, etc.)
 5. List of current medications

Financial Policy

- We are committed to providing you with the best possible care.
- In order to achieve your maximum allowable benefits, we need your assistance and your understanding of our payment policy.
- Payment is due in full at the time of service, unless you have made payment arrangements in advance with our business office.
- Returned checks will be subject to **an additional \$25 service fee**.

Missed Appointments

- Please help us serve you better by keeping scheduled appointments.

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MEDICAL MARIJUANA PROGRAM ACKNOWLEDGEMENT 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)
 - Autism
 - Cancer, including remission therapy
 - Crohn's disease
 - Damage to the nervous tissue of the central nervous system (brain-spinal cord) with objective neurological indication of intractable spasticity, and other associated neuropathies
 - Dyskinetic and spastic movement disorders
 - Epilepsy
 - Glaucoma
 - HIV / AIDS
 - Huntington's disease
 - Inflammatory bowel disease
 - Intractable seizures
 - Multiple sclerosis (MS)
 - Neurodegenerative diseases
 - Neuropathies
 - Opioid use disorder for which conventional therapeutic interventions are contraindicated or ineffective, or for which adjunctive therapy is indicated in combination with primary therapeutic interventions
 - Parkinson's disease
 - Post-traumatic stress disorder (PTSD)
 - Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain
 - Sickle cell anemia
 - Terminal illness
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.

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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:

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	

7. 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
8. For some patients, chronic marijuana over use can lead to laryngitis, bronchitis and general apathy.
9. 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.
10. 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.
11. Although marijuana does not produce a specific psychosis, the possibility exists that it may exacerbate schizophrenia in persons predisposed to that disorder.
12. I understand that using marijuana while under influence of alcohol is not recommended.
13. 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.
14. 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.
15. 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.
16. 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.
17. 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).
18. 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.
19. 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.

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20. 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.
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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