

Lakeside Medical Care  
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**Patient's Name** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address** \_\_\_\_\_

**Please read all of the following carefully, initial each line, and sign at the end of the form.**

I am requesting evaluation 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 medical 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:

\_\_\_\_\_ Medical Cannabis Patient Agreement I am over 18 years of age and I am registered with and understand the requirements of the State of New York's medical cannabis program. I will read and understand the following disclosures and will initial next to each to acknowledge this understanding.

\_\_\_\_\_ Medical Marijuana may only be obtained through a legal NYS dispensary.

\_\_\_\_\_ Possession or use of this product is unlawful outside of the New York State. Medical Marijuana products may not be carried across state lines.

\_\_\_\_\_ Cannabis-based medicine may have intoxicating effects and has not been analyzed or approved by the United States Food and Drug Administration and was produced without FDA oversight for health, safety, or efficacy. Medical cannabis may contain unknown quantities of actives ingredients, impurities or contaminants.

\_\_\_\_\_ The efficacy and potency of cannabis may vary widely depending on the cannabis strain and ingestion method. If cannabis is smoked or vaporized: Smoking may be hazardous to your health.

\_\_\_\_\_ If cannabis is eaten or swallowed: This product has been infused with cannabis or active compounds of cannabis. When eaten or swallowed, the intoxicating effects of this drug may be delayed by two or three hours or more.

\_\_\_\_\_ Women should not consume cannabis products while planning to become pregnant, during pregnancy, or while breast feeding, except on the advice of the certifying health practitioner, and in the case of breast feeding mothers, on the advice or the infant's pediatrician. Using cannabis while under the influence of alcohol is not recommended.

\_\_\_\_\_ The use of cannabis may affect coordination, cognition, and judgment. While under the influence of cannabis, do not to drive, operate machinery, or engage in potentially hazardous activities.

\_\_\_\_\_ Please note that medical cannabis will degrade over time. Keep out of reach of children and pets.

\_\_\_\_\_ In the event that I experience an adverse reaction, I am advised to contact my medical professional. In the event my medical professional is not available, I agree to call 911 for help and I am advised to lie down, relax, and rest until help arrives.

\_\_\_\_\_ I agree to tell my medical professional if I have ever had symptoms of schizophrenia, been psychotic or attempted suicide. I also agree to tell my medical professional if I have ever been prescribed or taken medicine for any of these problems.

\_\_\_\_\_ I understand that my medical professional does not suggest nor condone that I cease treatment of medications that stabilize my mental or physical condition.

\_\_\_\_\_ If I start taking medical cannabis, I agree to tell my medical professional if I experience (any one or more of the following):

- Start to feel sad or have crying spells
- Have changes in my normal sleep patterns
- Lose my appetite
- Become more irritable than usual
- Become unusually tired
- Withdraw from family and friends
- Lose interest in my usual activities

Release of Liability: I certify that I fully understand the potential risks and side effects related to the use of cannabis as described above. In using cannabis for medicinal use, I fully accept responsibility and assume the risks and side effects associated with its use. I agree that Lakeside Medical Care and employees shall not be held responsible for any harm resulting to me and/or any other individual(s) as a result of my medicinal usage of cannabis. I certify that I have read this document and declare under penalties of perjury that the information contained herein is true, correct and complete.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_