

Cannab Care

Dr. Steven Bowman, M.D.- Board Certified Internal Medicine
Wolstein Chiropractic & Sports Injury Center
32976 US Hwy 19 N. Plam Harbor, FL. 34684
P: 727-787-6677 F: 727-787-1177

A. Patient Information

Name: _____ D.O.B: _____
Today's Date: _____ Home/Cell Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
E-mail: _____
Sex: Male Female SS#: _____ Married Widowed Single Divorced
Emergency Contact: _____ Phone: _____
Primary Care Physician: _____ Phone: _____
Preferred Language: _____ Ethnicity: _____

How did you hear about us? _____

B. Employer Information:

Employer Name: _____
Employer Address: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____
Job Description: _____

C. Reason For Visit:

Have you seen a doctor for this condition? Yes: ____ No: ____

Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone: _____

Date Consulted: _____ Diagnosis: _____

Have you seen a doctor for this condition? Yes: ____ No: ____

Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone: _____

Date Consulted: _____ Diagnosis: _____

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D. Symptoms:

Approximately when did your symptoms start: _____

How did your symptoms start: _____

Describe your symptoms: _____

Are the symptoms getting worse: Yes ___ No ___ Are symptoms: Constant ___ Come & Go ___

Do symptoms interfere with: Work ___ Sleep ___ Daily Routine ___ Social Life ___

Please rate pain intensity over the past 4 weeks (circle):

1 2 3 4 5 6 7 8 9 10 Unbearable

How often do you experience symptoms:

Intermittently (0-25%) Occasionally (26-50%) Frequently (51-75%) Constantly (76-100%)

E. Medical/Health History:

Please list any medications you are taking:

Name: _____ Doseage: _____ Frequency: _____

Name: _____ Doseage: _____ Frequency: _____

Name: _____ Doseage: _____ Frequency: _____

Name: _____ Doseage: _____ Frequency: _____

Name: _____ Doseage: _____ Frequency: _____

Name: _____ Doseage: _____ Frequency: _____

Please list any allergies: _____

Height: _____ Weight: _____

Smoking Status:

Never ___ Former ___ Social ___ Some days ___ Every day ___

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AUTHORIZATION TO RELEASE RECORDS:

ATTENTION MEDICAL RECORDS DEPARTMENT

Physician: _____

Medical Facility: _____

Phone: _____

Fax: _____

Please release all records, radiology/diagnostic reports and any results pertaining to any and all treatment rendered to the following patient.

Patient Name: _____

DOB: ____ / ____ / ____

Social Security Number: ____ - ____ - ____

Thank You,

Patient/Guardian Name(print): _____

Patient/Guardian Name(sign): _____

Date: _____

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Medical Marijuana Consent Form

A:

Qualified physician may not delegate the responsibility of obtaining written informed consent to another person. The qualified patient or the patient's parent/legal guardian must initial each section of this consent form to indicate that the physician explained the information and, along with the qualified physician, must sign and date the informed consent form.

1. The Federal Government's classification of marijuana as a Schedule I controlled substance.

_____ The federal government has classified marijuana as a Schedule 1 controlled substance. Schedule 1 substances are defined, in part, as having (1) a high potential for abuse (2) no currently accepted medical use in treatment in the United States, and (3) a lack of manufacture, distribution and possession of marijuana. This is also true in states like Florida, which have modified their state laws to treat marijuana as a medicine.

Patient/Guardian Name(print): _____

Patient/Guardian Name(sign): _____

Date: _____

Medical Marijuana Consent Form

A qualified physician may not delegate the responsibility of obtaining written informed consent to another person. The qualified patient or the patient's parent/legal guardian, if patient is a minor, must initial each section of this consent form to indicate that the physician explained the information and, along with the qualified physician, must sign and date the informed consent form.

This consent form contains three parts. Part A must be completed by all patients. Part B is only required for patients under the age of 19 with a diagnosed terminal condition, who receive a certification for medical marijuana in smokable form. Part C is the signature block and must be completed by all patients.

PART A: Must be completed for all medical marijuana patients

1. The Federal Government's classification of marijuana as a Schedule I controlled substance.

The federal government has classified marijuana as a Schedule 1 controlled substance. Schedule 1 controlled substances are defined, in part, as having (1) a high potential for abuse (2) no currently accepted medical use in treatment in the United States, and (3) a lack of manufacture, distribution and possession of marijuana. This is also true in states like Florida, which have modified their state laws to treat marijuana as a medicine.

When in the possession of medical marijuana, the patient or the patient's caregiver must have his or her medical marijuana use registry identification card in his or her possession at all times.

2. The approval and oversight status of marijuana by the Food and drug Administration.

Marijuana has not been approved by the Food and Drug Administration for marketing as a drug. Therefore, the "manufacture" of marijuana for medical use is not subject to any federal standards, quality control, or other federal oversight. Marijuana may contain unknown quantities of active ingredients, which may vary in potency, impurities, contaminants, and substance in addition to THC, which is the primary psychoactive chemical component of marijuana.

3. The potential for addiction.

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 Dr. Steven Bowman, M.D.

4. The potential effect that marijuana may have on a patient's coordination, motor skills, and cognition, including a warning against operating heavy machinery, operating a motor vehicle, or engaging in activities that require a person to be alert or respond quickly.

The use of marijuana can affect coordination, motor skills and cognition, i.e., the ability to think, judge and reason. Driving under the influence of cannabis can double the risk of vehicular accident, which escalated if alcohol is also influencing the driver. 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".

Medical Marijuana Consent Form

5. The potential side effects of medical marijuana use.

Potential side effects from the use of marijuana include, but are not limited to the following: dizziness, anxiety, confusion, sedation, low blood pressure, impairment of short term memory, euphoria, difficulty in completing complex tasks, suppression of the body's immune system, may affect the production of sex hormones that lead to adverse effects, inability to concentrate, impaired motor skills, paranoia, psychotic symptoms, general apathy, depression and/or restlessness. Marijuana may exacerbate schizophrenia in persons predisposed to that disorder. In addition, the use of medical marijuana may cause me to talk or eat in excess, alter my perception of time and space and impair my judgment. Many medical authorities claim that use of medical marijuana, especially by persons younger than 25, can result in long-term problems with attention, memory, learning, drug abuse, and schizophrenia.

There is substantial evidence of a statistical association between long-term cannabis smoking and worsening respiratory symptoms and more frequent chronic bronchitis episodes. Smoking marijuana is associated with large airway inflammation, increased airway resistance, and lung hyperinflation. Smoking cannabis, much like smoking tobacco, can introduce levels of volatile chemicals and tar in the lungs that may raise concerns about the risk of cancer and lung disease.

I understand that using marijuana while consuming alcohol is not recommended. Additional side effects may become present when using both alcohol and marijuana.

I agree to contact **Dr. Steven Bowman, M.D.** 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 also contact **Dr. Steven Bowman, M.D.** 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.

6. The risks, benefits, and drug interactions of marijuana.

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 include, but not limited to, nausea, vomiting, hacking cough, disturbances in heart rhythms, numbness in the hands, feet, arms or legs, anxiety attacks and incapacitation. If I experience these symptoms, I agree to contact **Dr. Steven Bowman, M.D.** immediately or go to the nearest emergency room.

Numerous drugs are known to interact with marijuana and not all drug interaction are known. Some mixtures of medications can lead to serious and even fatal consequences.

I agree to follow the directions of **Dr. Steven Bowman, M.D.** regarding the use of prescription and non-prescription medication. I will advise my other treating physician(s) of my use of medical marijuana.

Marijuana may increase the risk of bleeding, low blood pressure, elevated blood sugar, liver enzymes, and other bodily systems when taken with herbs and supplements. I agree to contact **Dr. Steven Bowman, M.D.** immediately or go to the nearest emergency room if these symptoms occur.

Medical Marijuana Consent Form

6. The risks, benefits, and drug interactions of marijuana continued.

I understand that medical marijuana may have seroius risks and may caus low birthweight or other abnormalities in babies. I will advise **Dr. Steven Bowman, M.D.** if I become pregnant, try to get pregnant, or will be breastfeeding.

7. The current state of research on the efficacy of marijuana to treat the qualifying conditions set forth in this section.

Cancer

- * There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancers, including glaucoma.

There is evidence to suggest that cannabinoids (and the endocannabinoid system more generally) may play a role in the cancer regulation processes. Due to a lack of recent, high quality reviews, a research gap exists concerning the effectiveness of cannabis or cannabinoids in treating cancer in general.

- * There is conclusive evidence that oral cannabinoids are effective antiemetics in the treatment of chemotherapy-induced nausea and vomiting.

There is insufficient evidence to support or refute the conclusioin that cannabinoids are an effective treatment for cancer-associated anorexia-cachexia syndrome and anorexia nervosa.

Epilepsy

- * There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for epilepsy.

Recent systematic reviews were unable to identify any randomized controlled trials evaluation the efficacy of cannabinoids for the treatment of epilepsy. Currently available clinical data therefore consist solely of uncontrolled case series, which do not provide high quality evidence of efficacy. Randomized trials of the efficacy of cannabidiol for different forms of epilepsy have been complete and await publication.

Glaucoma

- * There is limited evidence that cannabinoids are an ineffective treatment for improving intraocular pressure associated with glaucoma.

Lower intraocular pressure is a key target for glaucoma treatments. Nonrandomized studies in healthy volunteers and glaucoma patients have shown short term reductions in intraocular pressure with oral, topical eye drops, and intravenous cannabinoids, suggesting the potential for therapeutic benefit. A good quality systematic review identified a single small trial that found no effect of two cannabinoids, given as an oromucosal spray, on intraocular pressure. The quality of evidence for the finding of no effect is limited. However, to be effective, treatments targeting lower intraocular pressure must provide continual rather than transient reduction in intraocular pressure. To date, those studies showing positive effects have shown only short term benefit on intraocular pressure (hours), suggesting a limited potential for cannabinoids in the treatment of glaucoma.

Medical Marijuana Consent Form

7. The current state of research on the efficacy of marijuana to treat the qualifying conditions set forth in this section continued.

Parkinson's Disease

* There is insufficient evidence that cannabinoids are an effective treatment for the motor system symptoms associated with Parkinson's Disease or the levodopa-induced Dyskinesia.

Evidence suggests that the endocannabinoid system plays a meaningful role in certain neurodegenerative processes; thus, it may be useful to determine the efficacy of cannabinoids in treating the symptoms of neurodegenerative diseases. Small trials of oral cannabinoid preparations have demonstrated no benefit compared to a placebo in ameliorating the side effects of Parkinson's Disease. A seven-patient trial of nabilone suggested that it improved the dyskinesia associated with levodopa therapy, but the sample size limits the interpretation of the data. An observational study demonstrated improved outcomes, but the lack of a control group and the small sample size are limitations.

Multiple Sclerosis

* There is substantial evidence that oral cannabinoids are an effective treatment for improving patient reported Multiple Sclerosis spasticity symptoms, but limited evidence for an effect of clinician measured spasticity.

Based on evidence from randomized controlled trials included in systematic reviews, an oral cannabis extract, Nabiximols, and orally administered THC are probably effective for reducing patient reported spasticity scores in patients with MS. The effect appears to be modest. These agents have not consistently demonstrated a benefit on clinician measured spasticity indices.

Medical conditions of same kind or class as/or comparable to the above qualifying medical conditions

* The qualifying physician has provided the patient or the patient's parent/legal guardian a summary of the current research on the efficacy of marijuana to treat the patient's medical condition.

* The summary is attached to this informed consent as Addendum _____.

Terminal conditions diagnosed by a physician other than the qualified physician issuing the physician certification

* The qualifying physician has provided the patient or the patient's parent/legal guardian a summary of the current research on the efficacy of marijuana to treat the patient's terminal condition.

* The summary is attached to this informed consent as Addendum _____.

Chronic nonmalignant pain

* There is substantial evidence that cannabis is an effective treatment for chronic pain in adults

The majority of studies on pain evaluated nabiximols outside the United States. Only a handful of studies have evaluated the use of cannabis in the United States and all of them evaluated cannabis in flower form provided by the National Institute on Drug Abuse. In contrast, many of the cannabis products that are sold in the state regulated markets bear little resemblance to the products that are available for research at the federal level, in the United States. Pain patients also use topical forms.

While the use of cannabis for the treatment of pain is supported by well controlled clinical trials, very little is known about the efficacy, dose, routes of administration, or side effects of commonly used and commercially available cannabis products in the United States.

Medical Marijuana Consent Form

8. That the patient's de-identified health information contained in the physician certification and medical marijuana use registry may be used for research purposes.

The Department of Health submits a data set to the Consortium for Medical Marijuana Clinical Outcomes Research for each patient registered in the medical marijuana use registry that includes the patient's qualifying medical condition and the daily dose amount and forms of marijuana certified for the patient.

PART B: Certification for medical marijuana in a smokable form for a patient under 18 with a diagnosed terminal condition.

Initial here if you **are not** a patient under 18 with a diagnosed terminal condition who will be receiving medical marijuana in a smokable form. After initialing here, complete PART C.

If the patient is **under 18** and has a diagnosed terminal condition and will be receiving medical marijuana in a smokable form, please review and initial the remainder of PART B, before completing Part C.

1. Respiratory Health

Exposures to tobacco smoke and household air pollution consistently ranks among the top risk factors not only for respiratory disease burden but also for the global burden of disease. Given the known relationships between tobacco smoking and multiple respiratory conditions, one could hypothesize that long-term cannabis smoking leads to similar deleterious effects of respiratory health. Some investigators argue that cannabis smoking may be even more harmful than that of tobacco smoking. Data collected from 15 volunteers suggests that smoking one cannabis joint can lead to four times the exposure to carbon monoxide and three to five times more tar deposition than smoking a single cigarette.

2. Cognitive and Psychosocial Development

Researchers are still studying the long-term health effects of marijuana. Most people agree that marijuana use hurts adolescents more than adults. It is during the period of adolescence and young adulthood that the neural substrates that underlie the development of cognition are most active. Adolescence marks one of the most impressive stretches of neural and behavioral change with substantial protracted development in terms of both brain structure and function. As a result, cannabis and other substance use during this period may incur relatively greater interference in neural, social, and academic functioning compared to late developmental periods.

- * There is moderate evidence of a statistical association between acute cannabis use and impairment in the cognitive domains of learning, memory, and attention.
- * There is limited evidence of a statistical association between sustained abstinence from cannabis use and impairments in the cognitive domains of learning, memory, and attention.
- * There is limited evidence of a statistical association between cannabis use and impaired academic achievement and education outcomes.
- * There is limited evidence of a statistical association between cannabis use and increased rates of unemployment and/or low income.
- * There is limited evidence of a statistical association between cannabis use and impaired social functioning or engagement in developmentally inappropriate social roles

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Steven Bowman, M.D. also informed me of the risks, complications, and expected benefits of any recommended treatment, including its likelihood of success and failure. I acknowledge that Dr. Steven Bowman, M.D. informed me of any alternatives to the recommended treatment, including the alternative of no treatment, and the risks and benefits. Dr. Steven Bowman, M.D. has explained the information in this consent form about the medical use of marijuana.

Patient (print name): _____ **Date:** _____

Patient/Legal guardian (signature): _____ **Date:** _____

I have explained the information in this consent form about the medical use of marijuana to the patient:

Patient name: _____ Date: _____

Physician signature: _____ **Date:** _____

Witness signature: _____ **Date:** _____

I, _____, understand that smoking marijuana may cause side effects such as worsening lung disease and voice changes.

Patient/Legal guardian signature: _____ **Date:** _____

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OFFICE POLICIES

Patient please carefully read the following in its entirety!

The following is an explanation of our clinic policies. We believe that a clear definition will allow us both to concentrate on the most important issues: REGAINING AND MAINTING YOUR HEALTH.

Appointments & Scheduling:

In order to better serve our patients we ask that you call if you are unable to make your appointment or if you will be late. Your appointment time is reserved for you. If you fail to notify our office, it leaves a time slot open that could be used to help anotherer patient. If you are more than 5 minutes late, you may not be able to get your appointment. This will depend on the scheduling of other patients. Please try to arrive earlier than your scheduled time. To schedule, cancel, or change appointments, you must call the office at: 727-787-6677.

If you are unable to keep you appointment, please call. Late arrival may necessitate rescheduling your appointment or missing out on therapies. If a patient fails to keep an appointment and does not call within 24 hours to cancel, a \$50 fee will be applied to their bill.

Cell Phone Policy:

We ask that while in the office you refrain from using your cell phone. If a call is important and you “must” take it, please understand that the doctor will bypass you for the next ready patient, so that we don’t delay others. You will then be the next patient to be seen by the doctor. We also ask that you wait to place your scheduled appointment in your phone until you are away from the reception desk. This will allow others to check out and this will comply with HIPPA standards.

Cash Payment Policy:

Payment is due at the time of service unless other arrangements have been made with the provider.

I agree that my account with Wolstein Chiropractic & Sports Injury Center is my responsibility. I agree to stand by any balance that has gone unpaid over 60 days. If I default on my account, I agree to pay all costs of collections, including collection agency fees and /or reasonable attorney’s fees. Furthermore, I understand that these prodedures and fees are subject to change without prior notice. I understand and agree to the conditions of this policy.

Patient/Guardian Name(print): _____
Patient/Guardian Name(sign): _____
Date: _____