



The Holistic Center

PATIENT ACKNOWLEDGEMENT

Please initial next to each entry

I understand that:

_____ The attending physician, staff and/or representatives are neither providing, dispensing nor encouraging me to obtain or use medical marijuana.

_____ The attending physician, staff and/or representatives will not be providing or discussing information regarding dispensary, co-op, delivery service or any other way to obtain marijuana.

_____ The physician, staff and representatives are addressing specific aspects of my medical care and, unless otherwise stated, are in no way establishing themselves as my primary care physician/provider.

_____ Should an approval be made for my medicinal use of cannabis, there is a renewal date specified by the physician. It is my responsibility to see the physician to assess the possible continuance of cannabis use beyond the term of the approval.

_____ I acknowledge that I am a resident of The Commonwealth of Massachusetts and have not misrepresented any information herein.

_____ I acknowledged that I am not an agent of law enforcement, a State or Federal government employee here for the sole purpose of investigation or entrapment.

_____ I acknowledge that I am not recording any portion of my visit, nor do I possess any recording equipment.

_____ I acknowledge that it is up to me to become a patient.

_____ **Pregnancy and breast-feeding:** Marijuana is **UNSAFE** when taken by mouth or smoked during pregnancy. Marijuana passes through the placenta and can slow the growth of the fetus. Marijuana use during pregnancy is also associated with childhood leukemia. Using marijuana, either by mouth or by inhalation is **LIKELY UNSAFE** during breast-feeding. The dronabinol (THC) in marijuana passes into breast milk.

Patient Signature _____ Date _____