

Agreement for the Use of Medical Marijuana

Patient Name: _____ Date of Birth _____ Age _____ Date _____

In order for a physician to make a recommendation for you to have and use medical marijuana, you need to be made aware of certain significant issues, and agree to the following:

Please initial each condition, signifying you have read and understand your obligation.

Conditions:

1. I will not use illegal substances, street drugs, or abuse alcohol during the time I am being treated with Medical Marijuana.
2. I will not take any prescription drug(s) prescribed for other people.
3. I will not give any of my lawfully obtained medical marijuana to other people.
4. I will not drink alcoholic drinks or consume medications that contain alcohol while using Medical Marijuana, since serious adverse effects may occur.
5. I will not be involved in the sale, illegal possession, diversion or transport of controlled substances, such as narcotics, sleeping pills, or nerve pills.
6. I understand that requests for certification or recertification require an office appointment and that an office fee is required. At this appointment:
 - I will be required to undergo physical evaluation appropriate for assessing whether I qualify for a recommendation for medical marijuana, based on Arizona state law;
 - I agree to consider all recommendations by my physicians for other treatments and possible ways to control my pain, such as massage therapy, use of acupuncture, homeopathy, botanicals, electrical stimulation, and other treatment modes.
7. I certify that I am not pregnant, and I will use appropriate measures to prevent pregnancy during the course of my treatment with medical marijuana:
8. I acknowledge that while using Medical Marijuana, I will be impaired and it may be dangerous for me to:
 - Drive
 - Operate heavy equipment
 - Perform tasks requiring a high degree of mental clarity and dexterity
9. I acknowledge that I will be prohibited by U.S. federal law from having a commercial driver's license
10. I acknowledge that I may be prohibited from purchasing a firearm from a registered dealer.

I have read this agreement, understand it, and have had my questions answered to my satisfaction. I consent to the use of Medical Marijuana under the terms of this agreement.

Patient signature

Date

Don Selvey, NMD, MS, PLLC

Date