



CHESAPEAKE CANNABIS CERTIFICATION

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Medical Cannabis Management Contract

I request that a Chesapeake Cannabis Certification (CCC) physician certify me as a qualifying patient under the Maryland Medical Marijuana Act so that I can legally use marijuana to treat my medical condition. I verify that I have a medical condition which causes severe and often debilitating discomfort. I have tried and failed multiple standard medical therapies which have not corrected the problem.

CHOOSE ONE BELOW

- I am currently taking controlled prescription medications to relieve discomfort. I am not getting adequate relief and am very concerned about the long term use of controlled prescription drugs for pain. I am seeking an alternative therapy so that I can stop the use of these potentially harmful drugs.
- I am currently not taking any medications for my pain, due to associated problems with those medications. I need relief of the chronic pain or disability and am seeking alternative therapies.

My diagnosis for which I am seeking an alternative therapy is _____.

	Initial
I verify that this is documented and that statements I am making are correct and accurate.	
I understand that the use of cannabis is a non FDA approved medical treatment. Because this drug therapy has not been fully tested by the FDA, I understand that my physician CCC does not fully understand the benefits and the potential risks of cannabis use.	
I accept full responsibility for any and all risks associated with the use of cannabis. This includes but is not limited to the following: altered mental status, confusion, respiratory problems and multiple possible side effects. Caution should always be used if one has a respiratory problem and is using an inhaled substance. Caution should be used in all areas of life, including but not limited to childcare, operating any equipment, driving an automobile, use of any dangerous equipment, explosives, or firearms, and in any job which requires attention to detail and mental clarity.	
I understand that the State of Maryland has approved cannabis for the treatment of certain medical conditions, but this has not been approved by the U.S. Government.	

I agree to the following:

- 1 I will not use illegal drugs.
- 2 I understand that by using medicinal cannabis, I may be voiding my contract with pain management, and I will notify my pain management doctor of my use of cannabis. I understand that using cannabis concurrently with opioids, benzodiazepines and other psychoactive substances is not encouraged. I agree to attempt to wean my dosages or frequencies of these medications down while using medical cannabis. If I am receiving benzodiazepines or opioids, I will try to wean of my prescriptions in order to add medical cannabis. The goal is to be on either/or, not both.
- 3 I agree to providing a verifiable drug screen test when requested.
- 4 I agree to a follow up visit every 12 months for renewal of this certification.
- 5 I agree to follow up closely with my treating physician.
- 6 I agree that any violation in the terms of this contract will result in the termination of the certification.
- 7 I agree to authorize CCC to cooperate fully with city, state, or federal law enforcement agencies in their review of this contract and treatment plan, and in the investigation of any possible misuse of my medical marijuana.
- 8 I authorize CCC to provide a copy of this agreement to any of my specialists, local emergency departments, and other health providers as needed.

Patient Name: _____

Patient Signature: _____

Provider Name: _____

Provider Signature: _____

Date: _____

Date: _____