



# EVALUATION OF PATIENT'S SUITABILITY AND INFORMED CONSENT FOR THE USE OF MEDICAL MARIJUANA FOR NEVADA

I, \_\_\_\_\_ (print name) agree I have a debilitating medical condition as defined by the NEVADA MEDICAL MARIJUANA LAW and am a resident of the State of Nevada.

I understand that I am consulting with the physician at Cohen Medical Centers LV, LLC (CMC LV LLC), for the sole purpose of an evaluation of my medical condition to obtain an opinion and counseling, as to whether I might benefit from the medical use of cannabis in connection with a debilitation medical condition as defined the Nevada Medical Marijuana Law. The physician has based their opinion on the contemporaneous assessment of my medical history and current medical condition.

In performing the evaluation of my medical condition as it relates to determining if I might benefit from medical use of cannabis, a bona fide physician-patient relationship for the sole purpose of fulfilling the physician's role in regulation the Nevada Medical Marijuana Amendment is established. This bona fide physician patient relationship is limited to the physician's role as defined in the Nevada Medical Marijuana Amendment and in no way can be construed to have formed a physician-patient relationship for any or all other purposes. The physician has advised me to consult with my primary care provider at least once a year to reevaluate my debilitating medical condition.

The physician has and will not provide any medical treatment, they are merely evaluating me to determine if, in their opinion, I have a chronic debilitating medical condition as defined by the Current Nevada Medical Marijuana Laws, for which I might benefit from the medical use of cannabis. During the evaluation, the physician will make a diagnosis and, if appropriate, provide me with general counseling about how patients with my condition can improve their symptoms.

If the physician's opinion is that I might benefit from the medical use of cannabis that opinion does not, in any way, imply that I have been advised to use cannabis. If I choose to use cannabis, I understand that cannabis may cause side effects, such as drowsiness or decreased coordination and including the addictive properties of cannabis or smoking itself; and I must avoid hazardous activities, such as driving a vehicle, and operating heavy machinery when using cannabis. Patients, particularly those with heart conditions, are cautioned that cannabis can increase heart rate and lower blood pressure that can cause you to get lightheaded and even pass out, particularly on standing. I agree the decision to use cannabis is at my sole discretion and once I have chosen to inhale, consume or any other form of ingestion of cannabis, the physician has advised me to assess the benefit I may receive from cannabis on an ongoing basis and continue its use only if it is benefiting my symptoms. I agree that I should never drive a vehicle while using cannabis and that I am I aware I may get a DUI for driving under the influence. I agree that using cannabis while under the influence of alcohol is **NOT** recommended. I understand the benefits and risks associated with the use of cannabis are not fully understood and the use of cannabis may involve risks that have not been identified. I accept all risk and agreed that CMC LV LLC is not liable in any way and that we in no way imply or recommend that you purchase medicinal cannabis from any specific dispensary or caregiver.

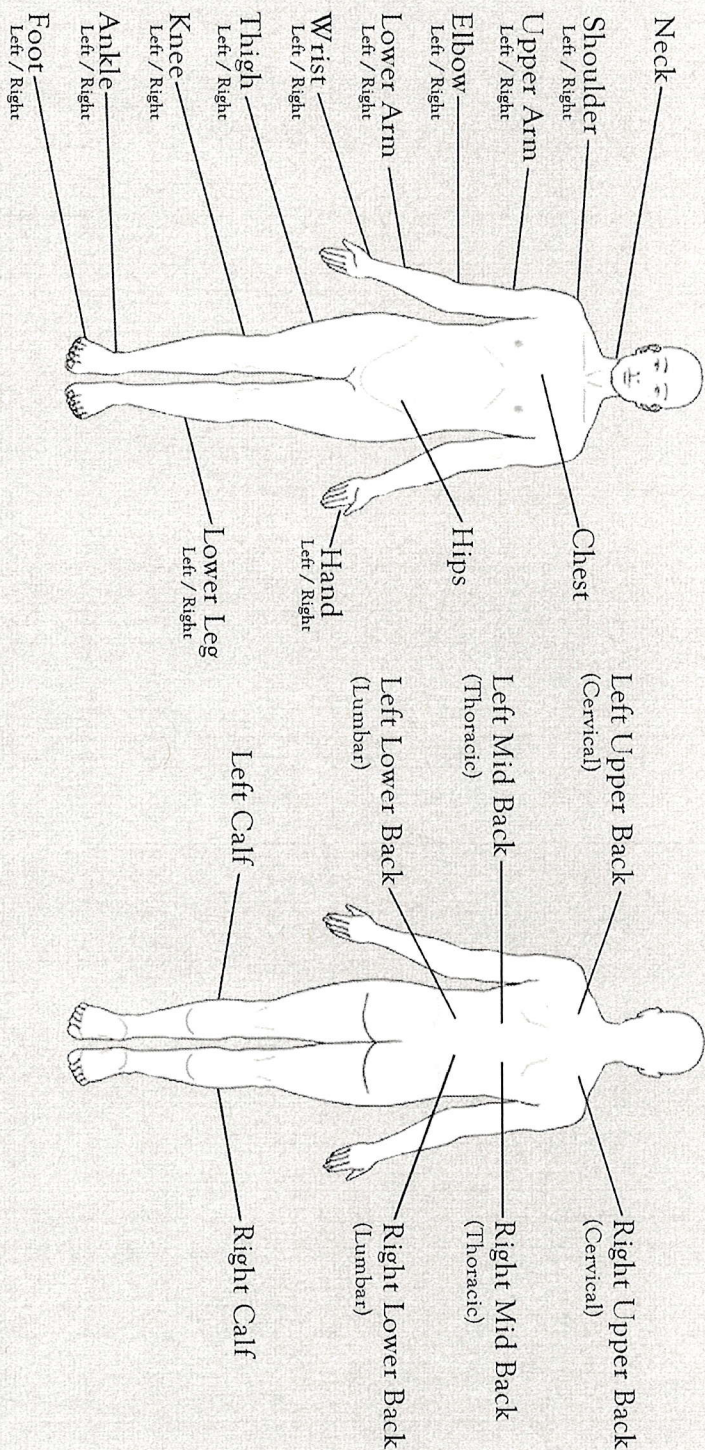
WRITTEN OR EMAILED consent is REQUIRED by me for any CMC LV LLC CONFIDENTIAL MEDICAL records to be made available. I understand and agree to inspection of any patient records by law enforcement officials in compliance with state and federal laws only.

CMC LV LLC has my permission to contact me by mail, email, phone and or text in regard to all matters. Patient information will be kept confidential to provide services or to ensure that all administrative matters related to your care are handled appropriately. Patient files may be stored in open file racks and will not contain any coding which identifies a patient's condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left in administrative areas such as the front office, examination rooms, etc. These records will not be available to persons other than CMC LV LLC.

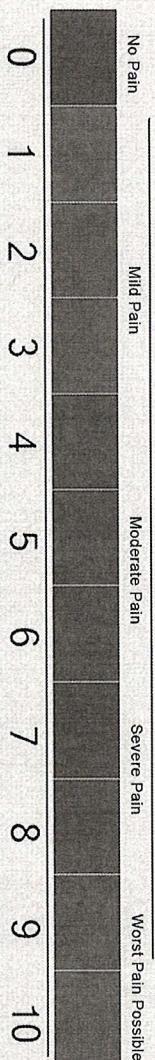
\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date





Circle the area or areas that best describe the location of the pain you are feeling



On a scale of 1 to 10, with 1 being the least and 10 being the most painful, Circle how you would rate that pain

Check any of the following terms that describe your pain

- |                                    |                                   |                                     |                                   |                                 |                                   |
|------------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Aching    | <input type="checkbox"/> Burning  | <input type="checkbox"/> Sore       | <input type="checkbox"/> Pounding | <input type="checkbox"/> Crampy | <input type="checkbox"/> Tight    |
| <input type="checkbox"/> Sharp     | <input type="checkbox"/> Stabbing | <input type="checkbox"/> Throbbing  | <input type="checkbox"/> Pinching | <input type="checkbox"/> Dull   | <input type="checkbox"/> Tingling |
| <input type="checkbox"/> Prickling | <input type="checkbox"/> Deep     | <input type="checkbox"/> Tender     | <input type="checkbox"/> Beating  | <input type="checkbox"/> Itchy  | <input type="checkbox"/> Tiring   |
| <input type="checkbox"/> Splitting | <input type="checkbox"/> Intense  | <input type="checkbox"/> Unbearable | <input type="checkbox"/> Cold     |                                 |                                   |



