



Checklist for the Medical Assessment of the Patient Asking about Medical Cannabis

Follow up					
<input checked="" type="checkbox"/>	<i>Complete at next appointment</i>	Patient Identifier		76	
	Date of visit			77	
	Months since last visit <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> other			78	
<input type="checkbox"/>	Effects of Medical cannabis on treatment objectives			79	
	Change in	<input type="checkbox"/> Primary symptom		80	
	<i>NRS Scales</i>	<input type="checkbox"/> Other symptom		81	
	<i>BPI Inference Scale Score</i>	<input type="checkbox"/> Function		82	
	<i>ADL / IADL</i>	<input type="checkbox"/> Mood		83	
	<i>Canadian Occupational Performance Measure</i>	<input type="checkbox"/> Sleep		84	
		<input type="checkbox"/> Quality of life		85	
	Treatments added	Dose/duration/frequency	Treatments discontinued	Reason	86
<input type="checkbox"/>	Decision to continue with medical cannabis as part of the treatment plan			87	
	<input type="checkbox"/> Yes, continue	<input type="checkbox"/> No, do not continue	<input type="checkbox"/> Deferred		88
<input type="checkbox"/>	Reason for continuation or discontinuation			89	
<input type="checkbox"/>	Consideration of patient concerns and questions			90	
If continuing					
<input type="checkbox"/>	Review / revise objectives of cannabis treatment			91	
<input type="checkbox"/>	Cannabis dose authorized	g/day	duration	Mode of administration	92
	<i>1 cigarette = 0.5 g</i>	<i>Typical analgesic dose is <1-3 g/day</i>	<i>Watchful dose = 5g/day</i>		
<input type="checkbox"/>	THC (%) _____	CBD (%) _____	Cannabis Brand or Identifier	Licensed Producer Name	93
<input type="checkbox"/>	Specific precautions			94	
<input type="checkbox"/>	Safety / Storage reminders and concerns			95	
<input type="checkbox"/>	Monitoring targets			96	
<input type="checkbox"/>	Scheduled Follow up	<input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year		With:	96

Disclaimer: **This checklist is intended to be a reference tool for the evaluation of a patient for medical cannabis by a health professional.** This is not intended for use as a screening questionnaire. This is not a validated clinical guideline. It is intended to provide a basis for a thorough assessment of the patient, their health status, risk factors, contraindications and expectations, to guide specific examination strategies, and to establish goals for medical cannabis use and monitoring. Version Date: 22-Apr-2014.