



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

<input checked="" type="checkbox"/> Date of visit	Patient Identifier			Line Ref.
<input type="checkbox"/> Date of Birth (dd/mm/yyyy):				1
<input type="checkbox"/> Female <input type="checkbox"/> Male				2
<input type="checkbox"/> <u>Primary Symptom:</u>			Quantitative measures:	3
<input type="checkbox"/> Location			<i>NRS Scales</i>	4
<input type="checkbox"/> Onset/cause			<i>BPI Inference Scale Score</i>	5
<input type="checkbox"/> Quality			<i>ADL / IADL</i>	6
<input type="checkbox"/> Duration				7
<input type="checkbox"/> Intensity				8
<input type="checkbox"/> Aggravating/Alleviating factors				9
<input type="checkbox"/> <u>Other Symptoms:</u>				10
<input type="checkbox"/> Prior Pharmacological Treatments	Reason for discontinuation	Prior Non-Pharmacological	Reason for discontinuation	11
<input type="checkbox"/> Current Pharmacological Treatments	Dose/duration	Effect		12
<input type="checkbox"/> Current non-pharmacological treatments	Frequency	Effect		13

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Past Medical History				Notes:	
<input type="checkbox"/> Psychosis (personal)*	<input type="checkbox"/> Psychosis (family)	<input type="checkbox"/> Schizophrenia*		14	
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Bipolar disorder	<input type="checkbox"/> Paranoia			15
<input type="checkbox"/> Unstable heart disease*	<input type="checkbox"/> Ischemic heart disease	<input type="checkbox"/> Arrhythmias			16
<input type="checkbox"/> Cerebrovascular disease	<input type="checkbox"/> Liver disease	<input type="checkbox"/> Hypertension			17
<input type="checkbox"/> COPD	<input type="checkbox"/> Emphysema	*Contra-indications for cannabinoids			18
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Breastfeeding				19
Substance Use					Notes:
<input type="checkbox"/> Alcohol	Amount / week	Duration			20
<input type="checkbox"/> Cigarettes	Pack years				<i>Cessation attempts</i>
<input type="checkbox"/> Other recreational drugs					<i>Treatments, if any</i>
<input type="checkbox"/> Recreational Cannabis Use	Frequency	Amount	Duration		23
<input type="checkbox"/> Medical Cannabis Use	Frequency	Amount	Duration		24
<input type="checkbox"/> Dose, current (g/day)	<input type="checkbox"/> Dose change over time				25
<input type="checkbox"/> Mode of administration	<input type="checkbox"/> Self-titration				26
<input type="checkbox"/> Onset/how started				27	
<input type="checkbox"/> Prescription Cannabinoids tried/used	<input type="checkbox"/> Nabilone	<input type="checkbox"/> Dronabinol	<input type="checkbox"/> Nabiximols	28	
<input type="checkbox"/> <u>Self-reported impact of cannabis on:</u>				29	
<input type="checkbox"/> Primary symptom:				30	
<input type="checkbox"/> Other symptom(s):				31	
<input type="checkbox"/> Function	<input type="checkbox"/> Sleep			32	
<input type="checkbox"/> Mood	<input type="checkbox"/> Driving ability			33	
<input type="checkbox"/> Quality of life	<input type="checkbox"/> Cognitive function			34	
Social History				Notes: <i>Legal issues</i>	
<input type="checkbox"/> Police issues <input type="checkbox"/> Past / <input type="checkbox"/> Ongoing				35	
<input type="checkbox"/> Spousal / partner cannabis use				36	
<input type="checkbox"/> Occupational Status:	<input type="checkbox"/> PT employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Temporary disability	<input type="checkbox"/> Unemployed	
<input type="checkbox"/> FT employed	<input type="checkbox"/> Stay at home	<input type="checkbox"/> Student	<input type="checkbox"/> Permanent disability	<input type="checkbox"/> Other	

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Physical Examination	
<i>The patient seeking medical cannabis use may present with a wide range of medical conditions, and since the effects of cannabis may affect multiple symptoms, a full physical examination is recommended to establish baseline health status and confirm diagnosis.</i>	
<input type="checkbox"/> Pulse	38
<input type="checkbox"/> Blood pressure	39
<input type="checkbox"/> Mood	40
<input type="checkbox"/> Mental status	41
<input type="checkbox"/> Speech content	42
<input type="checkbox"/> Speech quality	43
<input type="checkbox"/> Jaundice	44
<input type="checkbox"/> Cyanosis	45
<input type="checkbox"/> Lymphadenopathy	46
<input type="checkbox"/> Edema	47
<input type="checkbox"/> Needle marks/scars	48
<input type="checkbox"/> Respiratory exam	49
<input type="checkbox"/> Cardiovascular exam	50
<input type="checkbox"/> Musculoskeletal exam	51
<input type="checkbox"/> Other exams	52
Notes:	
Notes:	
Assessment / Diagnosis:	
<input type="checkbox"/> DSM V Cannabis use Disorder	54
<input type="checkbox"/> Referring diagnosis (if applicable)	55
<input type="checkbox"/> Information from other physicians/sources	56
<input type="checkbox"/> Other treating physicians acknowledge that cannabis is being used or considered	57
<input type="checkbox"/> Describe what the patient expects to gain from medical cannabis prescription	58
<input type="checkbox"/> Specific functional goals for cannabis treatment	59
<input type="checkbox"/> Other alternatives have been discussed and considered	60

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Treatment Plan:				
Medical cannabis will be part of the treatment plan:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Deferred
<input type="checkbox"/>	Consideration of prescription cannabinoids and alternative treatment options			<i>Document reasons why alternatives not considered</i>
<input type="checkbox"/>	Consideration of patient concerns and questions			<i>Resources provided</i>
<input type="checkbox"/>	Objectives of cannabis treatment			<i>Primary symptom, other symptom(s), function, mood, sleep, quality of life</i>
<input type="checkbox"/>	Cannabis dose authorized	g/day	duration	Mode of administration
<i>1 cigarette = 0.5 g Typical analgesic dose <1-3 g/day Watchful dose 5g/day</i>				<input type="checkbox"/> Smoking <input type="checkbox"/> Vaporization <input type="checkbox"/> Other
<input type="checkbox"/>	Specific precautions	<input type="checkbox"/> Safety	<input type="checkbox"/> Storage	<input type="checkbox"/> Aberrant behaviours
<input type="checkbox"/>	If cannabis is prescribed:	THC (%) _____	CBD (%) _____	
<input type="checkbox"/>	Cannabis Brand or Identifier	<input type="checkbox"/> Licensed Producer Name		
Monitoring Targets				
Scheduled Follow up		<input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year		
Follow up with whom				
Effect on Specified Objectives		<i>NRS Scales BPI Inference Scale Score Pain Function scales Canadian Occupational Performance Measure</i>		
Adverse events to be monitored				
Supporting Documentation				
<input type="checkbox"/>	Medical history documentation	<input type="checkbox"/> Referring diagnosis	<input type="checkbox"/> Urine drug screen	<input type="checkbox"/> Treatment contract
<input type="checkbox"/>	Functional goal setting	<input type="checkbox"/> Informed consent	<input type="checkbox"/> Opioid agreement	
<input type="checkbox"/>	Other			

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