



# Patient Agreement

Monmouth Wellness & Healing LLC, operating as NJ Leaf, takes great care to foster a culture of inclusion where all individuals feel safe and respected with the utmost privacy. For the safety and protection of our patients, NJ Leaf employees must adhere to strict statutes, regulations, policies, and best practices. Accordingly, it is important for rules to be followed at all times. Thank you for your cooperation and understanding.

## **Please review and acknowledge the following:**

- I.** I am a resident of the state of New Jersey.
- II.** I acknowledge the U.S. Food and Drug Administration (FDA) has NOT approved cannabis as a safe and effective drug for any indication. I also acknowledge that cannabis is a prohibited Schedule I controlled substance under federal law. Although the manufacture and distribution of medical cannabis by a State-licensed facility and its possession and use by registered, qualifying patients may be permitted by state law, I acknowledge its status under federal law and agree to assume all risks associated therewith. I fully indemnify and release NJ Leaf and all of its officers; directors; Advisory Board members; employees; contractors; vendors; affiliated, parent, or subsidiary organizations; and assigns from all liability that ever could have or may arise from my purchase or use of medical cannabis, cannabis-infused or derived products, or related products and services from NJ Leaf.
- III.** I understand medical cannabis may have side effects, including but not limited to increased heart rate, dizziness, lightheadedness, shallow breathing, loss of balance, slowed reaction time, increased appetite, effects on mood, etc. I assume all risk associated with procuring or using medical cannabis, cannabis-infused or derived products, or related products and services from NJ Leaf.
- IV.** NJ Leaf takes great pride in providing the highest quality State Certified organic medical cannabis. Be advised that the medical cannabis that you have purchased or are about to purchase has been randomly batch tested and the contents of the sealed container have been certified as chemical free and organic. By signing this document, you release NJ Leaf from any and all liability for any and all reasons should you in any way adulterate the product we dispense to you.
- V.** I will never bring any weapon or anything that can be used or construed as a weapon onto NJ Leaf premises.
- VI.** I agree to never redistribute any product purchased at NJ Leaf, without exception.
- VII.** I understand NJ Leaf may decline to provide medical cannabis to any patient who exhibits loud, abusive, or discourteous behavior towards other patients or employees.



- VIII.** I agree to follow and adhere to all provisions of the New Jersey Compassionate Use Medical Cannabis Act and the Department of Health Regulations, and I agree to provide NJ Leaf with my full cooperation in its efforts to comply with same.
- IX.** Refunds will not be made on any transactions occurring at the facility.
- X.** In the event NJ Leaf declines to serve me at any time for any reason, I shall have the right to appeal to the General Manager of NJ Leaf. The appeal shall set forth the specific circumstances of why NJ Leaf has determined to decline or stop services and any mitigating circumstances which the patient wishes to bring forth to NJ Leaf for it to reconsider its decisions.

**By signing below, I agree to acknowledge the above terms**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **NJMCP ID#:** \_\_\_\_\_



# Patient Email and Phone Consent Form

NJ Leaf would like to communicate with you by email and phone/text message (also known as SMS) to provide general business information such as weather related closings, special holiday hours, sales and promotions.

**I. Risk of using email and text messages:**

- a.** Emails and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- b.** Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
- c.** Employers and online services have a right to inspect emails and texts sent through their company systems.
- d.** Emails and texts can be intercepted, altered, forwarded or used without authorization or detection.
- e.** Emails and texts can be used as evidence in court.
- f.** Emails and text messages may not be secure, and therefore it is possible that a third party may breach the confidentiality of such communications.

**II. Conditions for the use of email and text messages:** NJ Leaf cannot guarantee but will use reasonable means to maintain security and confidentiality of email/text information sent and received.

- a.** Email and text messages may be filed electronically into your patient file.
- b.** NJ Leaf employees will not forward your identifiable emails/texts to outside parties without your written consent, except as authorized by law.
- c.** NJ Leaf is not liable for breaches of confidentiality caused by you or any third party.

**III. Withdrawal of consent:** I understand that I may revoke this consent at any time by advising NJ Leaf in writing. Patients may also follow appropriate protocols in emails and texts to "unsubscribe" from receiving notification.

**IV. Patient acknowledgement and agreement:** I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the use of email and text messaging as a form of communication between NJ Leaf and me, and consent to the conditions and instructions outlined, as well as any other instructions that NJ Leaf may impose to communicate with me by email or phone/text message.

**If opting in:**

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_  Call  Text

**Preferred Contact Method:**  Email  Call  Text

**Signature:** \_\_\_\_\_

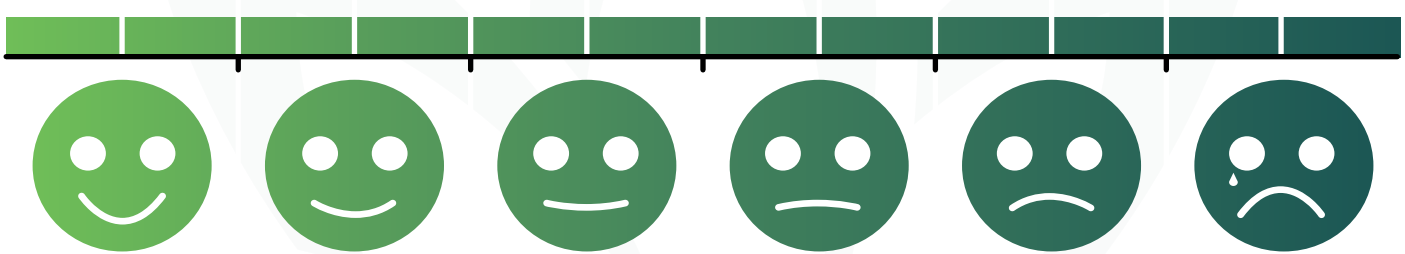
**Date:** \_\_\_\_\_

## New Patient Symptom Assessment

<b>Symptom</b>	<b>Scale</b> (please circle all that apply)			
<b>Anxiety</b>	0 - No Symptoms	1 - Mild	2 - Moderate	3 - Severe
<b>Decreased Appetite</b>	0 - No Symptoms	1 - Mild	2 - Moderate	3 - Severe
<b>Depression</b>	0 - No Symptoms	1 - Mild	2 - Moderate	3 - Severe
<b>Fatigue</b>	0 - No Symptoms	1 - Mild	2 - Moderate	3 - Severe
<b>Insomnia</b>	0 - No Symptoms	1 - Mild	2 - Moderate	3 - Severe
<b>Muscle Spasms</b>	0 - No Symptoms	1 - Mild	2 - Moderate	3 - Severe
<b>Nausea</b>	0 - No Symptoms	1 - Mild	2 - Moderate	3 - Severe
<b>Numbness</b>	0 - No Symptoms	1 - Mild	2 - Moderate	3 - Severe
<b>Seizures</b>	0 - No Symptoms	1 - Mild	2 - Moderate	3 - Severe
<b>Tingling</b>	0 - No Symptoms	1 - Mild	2 - Moderate	3 - Severe
<b>Weight Loss</b>	0 - No Symptoms	1 - Mild	2 - Moderate	3 - Severe
<b>Other</b>	0 - No Symptoms	1 - Mild	2 - Moderate	3 - Severe

**Pain Scale** (please circle one)

0    1    2    3    4    5    6    7    8    9    10



No Pain     
 Mild Pain     
 Moderate Pain     
 Severe Pain     
 Very Severe Pain     
 Worst Pain Possible