



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. Our highly-trained team keeps up to date with the latest advancements and trends in the medical cannabis industry, all to ensure that our patients receive the best possible products and care. 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 agree to allow NJ Leaf to make a copy of my New Jersey driver's license or State-issued ID.
- III.** I agree to allow NJ Leaf to make a copy of my Medical Cannabis Program ID card and physician recommendation for medical cannabis.
- IV.** I acknowledge the U.S. Food and Drug Administration (FDA) has NOT approved cannabis as a safe and effective drug for any indication. I can learn more about the FDA and cannabis at <https://www.fda.gov/news-events/public-health-focus/fda-regulation-cannabis-and-cannabis-derived-products-including-cannabidiol-cbd>. 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.
- V.** 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.
- VI.** I agree not to act in any manner potentially harmful or injurious to others while under the influence of medical cannabis or cannabis-infused or derived products, including without limitation driving a motor vehicle and operating machinery.
- VII.** I will never bring any weapon or anything that can be used or construed as a weapon onto NJ Leaf premises.



- VIII.** I agree to never redistribute any product purchased at NJ Leaf, without exception.
- IX.** 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.
- X.** 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.
- XI.** Refunds will not be made on any transactions occurring at the facility.
- XII.** 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#: _____



Advisory and General Release of Liability

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 you are about to purchase has 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. The consumption of this medical cannabis in the State of New Jersey should only be done in close consultation with your physician and medical professional. Medical cannabis is like any other medicine and should be treated the same as if you walked into your local pharmacy and bought a prescription drug. It is not meant to be adulterated in any way.

By signing below, I agree to acknowledge the above terms

Signature: _____

Date: _____

Print Name: _____

NJMCP ID#: _____



Patient Email and Text Message Consent Form

NJ Leaf would like to communicate with you by email and text message (also known as SMS) to provide general business information such as weather related closings, special holiday hours, sales and promotions. This form provides information about the risks of these forms of communication, guidelines for email/text communication, and how we use email/text communication. It also will be used to document your consent for communication with you by email and text message.

- I. How we will use email and text messaging:** We use these methods to communicate only about non-urgent issues such as closings and promotional marketing. If you choose to respond by email or text messages, NJ Leaf is not responsible for the security of those responses, and may forward them to another NJ Leaf staff member as necessary for appropriate handling.

- II. Risk of using email and text messages:** The use of email and text messages has a number of risks that you should consider. These risks include, but are not limited to, the following:
 - 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.

- III. 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. You must acknowledge and consent to the following conditions:
 - a. IN A MEDICAL EMERGENCY, DO NOT USE EMAIL, CALL 911.** Do not email or text for urgent problems.
 - b.** Email and text messages may be filed electronically into your patient file.
 - c.** NJ Leaf employees will not forward your identifiable emails/texts to outside parties without your written consent, except as authorized by law.
 - d.** You should use your best judgement when considering the use of email or text messages for communication of sensitive medical information. NJ Leaf employees are not responsible for the content of messages sent by patients.
 - e.** NJ Leaf is not liable for breaches of confidentiality caused by you or any third party.



- IV. 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.
- V. 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 text message.

Signature: _____

Date: _____

Print Name: _____

NJMCP ID#: _____



New Patient Symptom Assessment

Symptom	Scale				Daily Average
Anxiety	0 - No Symptoms	1 - Mild	2 - Moderate	3 - Severe	
Decreased Appetite	0 - No Symptoms	1 - Mild	2 - Moderate	3 - Severe	
Depression	0 - No Symptoms	1 - Mild	2 - Moderate	3 - Severe	
Fatigue	0 - No Symptoms	1 - Mild	2 - Moderate	3 - Severe	
Insomnia	0 - Never 1 - Once per month 2 - 1-3 times a month 3 - 1-3 times a week 4 - Daily 5 - Constantly				
Muscle Spasms	0 - No Symptoms	1 - Mild	2 - Moderate	3 - Severe	
Nausea	0 - None 1 - Occasional nausea 2 - Frequent nausea 3 - Occasional nausea / vomiting 4 - Frequent nausea / occasional vomiting 5 - Frequent nausea / frequent vomiting				
Numbness	0 - No Symptoms	1 - Mild	2 - Moderate	3 - Severe	



New Patient Symptom Assessment

(Continued)

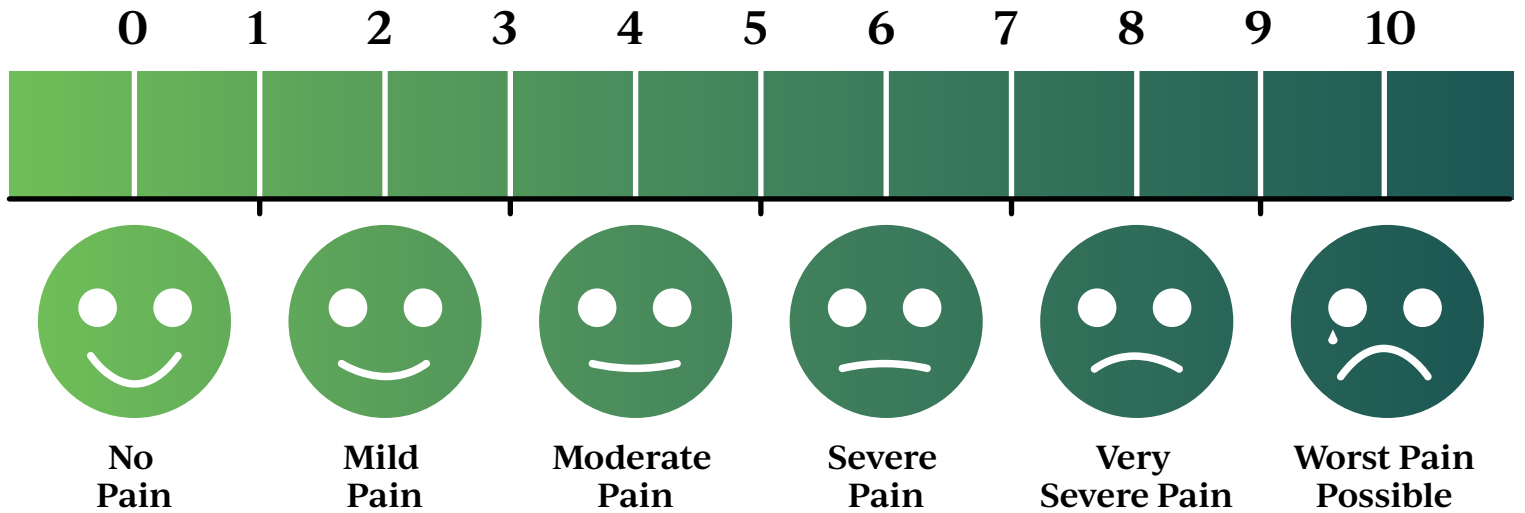
Symptom	Scale	Daily Average
Pain	<p style="margin: 0;">0 - None 1 - Mild 2 - Moderate</p> <p style="margin: 0;">3 - Severe 4 - Very severe 5 - Worst possible</p>	
Seizures	<p style="margin: 0;">0 - Never 1 - Once per month 2 - 1-3 times a month</p> <p style="margin: 0;">3 - 1-3 times a week 4 - Daily 5 - Constantly</p>	
Tingling	<p style="margin: 0;">0 - No Symptoms 1 - Mild 2 - Moderate 3 - Severe</p>	
Weight Loss	<p style="margin: 0;">0 - Significant weight gain 1 - Some weight gain</p> <p style="margin: 0;">2 - No change</p> <p style="margin: 0;">3 - Some weight loss 4 - Significant weight loss</p>	
Other		

Signature: _____ **Date:** _____

Print Name: _____ **NJMCP ID#:** _____

Qualifying Condition(s): _____

Pain Scale



NJDOH List of Qualifying Conditions

Patients will be required to complete an ATC Acknowledgment of Qualifying Condition and Informed Consent form during the intake process, which will detail the following conditions, as well as potential side effects of cannabis while medicating for the following issues:

- **Amyotrophic lateral sclerosis**
- **Anxiety**
- **Cancer**
- **Chronic pain**
- **Dysmenorrhea**
- **Glaucoma**
- **Inflammatory bowel disease, including Crohn's disease**
- **Intractable skeletal muscular spasticity**
- **Migraine**
- **Multiple sclerosis**
- **Muscular dystrophy**
- **Opioid Use Disorder**
- **Positive status for Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)**
- **Post-Traumatic Stress Disorder (PTSD)**
- **Seizure disorder, including epilepsy**
- **Terminal illness with prognosis of less than 12 months to live**
- **Tourette Syndrome**



Document Uploads

Supporting documents may be uploaded here.

NJMCP ID Card: (required)	
NJ Driver's License / Government Issued ID: (required)	
Proof of Government Assistance: (if applicable)	
Proof of Veteran Status: (if applicable)	
Proof of UFCW Union Membership: (if applicable)	
Proof of address change: (Required if the address on your NJMCP card does not match the address listed on your Government Issued ID)	



Patient and Caregiver Guidelines

- Patients and caregivers should always carry proper identification, including MCP cards, at all times.
- Medicinal cannabis always should be maintained in its original labeled packaging.
- Patients should keep medicinal cannabis at their residence and only transport it when absolutely necessary. Understand that the smell of burning or raw cannabis outside a home will attract law enforcement attention.
- If transporting or possessing medicinal cannabis outside their residence, patients and caregivers should keep the amount in their possession to a minimum and, as stated above, always should be maintained in its original packaging.
- Patients and caregivers are not allowed to share, or in any other way re-distribute medicinal cannabis to any other person. Medicinal cannabis is intended solely for the consumption of the patient.
- Patients may possess paraphernalia, but only for the purpose of consuming medicinal cannabis.
- Patients and caregivers may not grow or cultivate cannabis, or be in possession of a cannabis plant.
- Patients and caregivers may not possess cannabis obtained from a source other than a New Jersey ATC.
- Patients may not operate a motorized vehicle (of any sort), aircraft, railroad train, stationary heavy equipment or a vessel while under the influence of medicinal cannabis.
- Patients are encouraged to use medicinal cannabis only in their residence.
- Patients may not smoke medicinal cannabis in a school bus, on public transportation, or in a private vehicle while in motion. Additionally, patients may not smoke medicinal cannabis on any school grounds or at any correctional facility, public park, beach, recreation center, or other place where smoking is prohibited.
- Patients and caregivers may not take medicinal cannabis across state lines.
- Patients or a primary caregiver in possession of unwanted cannabis shall dispose of the cannabis by returning it to an alternative treatment center. The person returning the cannabis for disposal should present a valid registry identification card, a New Jersey driver's license or other State-issued photo identification to the ATC or the police.
- All patients and caregivers should be cooperative and truthful at all times with law enforcement; to the extent they encounter them while in possession of medicinal cannabis or paraphernalia.

Signature: _____ **Date:** _____