

**REASON FOR FOLLOW-UP**

- ☐ Additional information gathering
- ☐ Screening for cannabis use disorder (CUDIT-SF)
- ☐ Drug interaction review
- ☐ Cannabis cost/coverage/access concerns
- ☐ Cannabis not effective for health concern:
- ☐ Dose titration
- ☐ Selection of alternative cannabis product
- ☐ Assessment & alternatives for medical condition
- ☐ Risks associated with cannabis use:
- ☐ Harm reduction
- ☐ Dose taper/discontinuation
- ☐ Selection of alternative cannabis product
- ☐ Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**YOUR GOALS****a. What is your goal related to your cannabis use? Have there been any changes to your goals since our last appointment?**

- ☐ Yes
- ☐ No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**b. What would you like to focus on today?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YOUR PROFILE UPDATE****c. Any changes to the condition(s) you were using cannabis for?**

- ☐ No ☐ Yes: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- ☐ Pain ☐ Sleep ☐ Mood ☐ Other:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**d. Any change to the cannabis products, strength, route, amount, frequency of use?**

- ☐ No ☐ Yes: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**e. What cannabis products are you currently using?**

1. \_\_\_\_\_
- ☐ >9% THC ☐ Smoked
- \_\_\_\_\_ (amount/day)
- \_\_\_\_\_ (times per ☐ day / ☐ week)
2. \_\_\_\_\_
- ☐ >9% THC ☐ Smoked
- \_\_\_\_\_ (amount/day)
- \_\_\_\_\_ (times per ☐ day / ☐ week)
3. \_\_\_\_\_
- ☐ >9% THC ☐ Smoked
- \_\_\_\_\_ (amount/day)
- \_\_\_\_\_ (times per ☐ day / ☐ week)

**f. Any changes to other medical conditions since our last appointment?**

- ☐ No ☐ Yes: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**g. Any changes to other medications?**

- ☐ No ☐ Yes [medication name]: \_\_\_\_\_
- Change: \_\_\_\_\_
- Reason: \_\_\_\_\_
- \_\_\_\_\_
- Change: \_\_\_\_\_
- Reason: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**h. Any new adverse effects related to cannabis?**

- ☐ Fast heartbeat, change in blood pressure
- ☐ Drowsiness
- ☐ Dizziness
- ☐ Dry mouth
- ☐ Constipation
- ☐ Dry eye/red eye
- ☐ Anxiety, fear, panic, memory problems
- ☐ Cough (if smoking/vaping)
- ☐ Vomiting/hyperemesis
- ☐ Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_