

APPENDIX 1: SUMMARY FOR PATIENT — NEXT STEPS IN YOUR CARE

Today's date: _____

Your appointment today was with:

☐ Please book a follow-up appointment with your primary care provider to:

☐ Discuss the details of your plan related to cannabis.

☐ Request a medical authorization for cannabis.

With your permission, I will fax a copy of this summary to your primary care provider.

Name: _____

Fax: _____

Your follow-up appointment at the pharmacy will be in:

____ ☐ weeks / ☐ months.

Follow-up date: _____



We have finished your initial consultation. If you have more questions, contact us to book a follow-up consultation.

Pharmacy phone number:

a. Today we discussed:

☐ Information about your current cannabis use

☐ Ways to reduce your risks related to cannabis

☐ Opportunities to make cannabis-related changes to help reach your goals

☐ Alternatives to using cannabis to help with:

b. Your individualized plan related to cannabis:

c. We encourage our patients who use cannabis to:

☐ Avoid driving or operating other machinery after using cannabis.

☐ Choose vaping or oral options instead of smoking cannabis.

☐ Avoid inhaling deeply or holding the breath when smoking cannabis.

☐ Choose products containing 9% THC or less. (Ask us, we can guide you!)

☐ Avoid synthetic cannabis products (e.g., K2, SPICE).

☐ Obtain cannabis from regulated sources (licensed producer, Ontario Cannabis Store).

☐ Other: _____