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CANNABIS USE CONSULTATION

CLIENT INFORMATION:

Name: _____ Date of Birth: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____

Phone Number(s): Home: _____ Mobile: _____

Email Address: _____

All members who provide an email address will receive email updates about Triple J's products and information sessions.

Triple J's email newsletter and SMS notification list: If you **do not** wish to receive these notifications please check this box.

DISCLAIMER AND GENERAL INFORMATION

Under Section 18 (1) of the *Canada Cannabis Act*:

It is prohibited to promote cannabis in a manner that is false, misleading or deceptive or that is likely to create an erroneous impression about its characteristics, value, quantity, composition, strength, concentration, potency, purity, quality, merit, safety, health effects or health risks.

Triple J's acknowledges that none of its employees, supervisors, managers, or owners are qualified medical practitioners or health care representatives. The purpose of this consultation is to help cannabis users by educating consumers in the various strains, formats, and methods of ingestion, as well as negative impacts of cannabis use. To assist in understanding and identifying false statements regarding cannabis, and to provide only a safe use practice for cannabis, not to promote cannabis for medical or health purposes.

To ensure this, only employees that have undergone training in the safe use of cannabis are deemed qualified to facilitate this information gathering. **Further, any information provided through this consultation is not to be used or understood as medical advice and should be reviewed by your medical doctor or healthcare practitioner prior to any use of cannabis products for medical purposes.**

Your consultant must have the following training through The Medical Cannabis Institute (<https://themedicalcannabisinstitute.org/>) accredited through the Office of Continuing Medical

Education, School of Medicine, University of California San Francisco ACCME Provider, prior to this consultation. Certificates available upon request from Triple J's Canna Space. This training must include:

- Helping Patients Optimize Their Therapeutic Relationship with Cannabis
- Core Knowledge of the Endocannabinoid System
- Clinical Applications of Cannabis in Cancer Patients
- Cannabis in the Management of Neuromuscular Disorders
- Endocannabinoids in the Circulation and Psychopathology
- Cannabinoids and Neuropathic Pain
- Potential Therapeutic Benefits of Cannabidiol for Cancer Patients
- Is Your Patient Impaired by Cannabis?

All information gathered on this form shall be stored in a locked, secure location and all information stored on the organization's digital storage server shall meet encryption and security standards and legislative requirements of the *Canadian Health Information Management Association* and *Canada Health Act*. All stored information will subject to strict security, confidentiality, and privacy standards. For more information please refer to Section 8 – Security and Privacy Policy, of the *Triple J's Canna Space Operations Manual* for more information

Therefore, I, _____ (Print Name) acknowledge that this cannabis use consultation service, provided by Triple J's Canna Space consultant Jeremy Jones, is not to be used or understood as medical advice, but is only for informational purposes to help me have a safer cannabis use experience. By signing this document, as I understand it, I waive any and all liability for Triple J's Canna Space, and its consultants, if I choose to use this information as medical advice without consulting my physician or healthcare practitioner. This release from liability is to be binding on my heirs, executors and assigns.

SIGNATURE: _____

If digitally completed - By filling in this box I am verifying this information is valid in lieu of a signature

DATE: _____

MEMBERSHIP NUMBER (IF APPLICABLE): _____

I would like to become a Triple J's Canna Space member

Pre-Consultation Information

Cannabis Use History:

Medical Cannabis User: Yes No Recreational Cannabis User: Yes No

I am in addictive behaviour or substance use disorder recovery and interested in behavioural techniques to reduce my addictive behaviour. Triple J's offers private Substance Use Disorder and addictive behaviour consultations separate from cannabis use consultations.

Previous Cannabis Use: Check here if completed on Membership Form

Rarely/Never Occasionally Moderately Heavy

Typical cannabis use practice (method of ingestion, form of cannabis, amount):

Favourite or past cultivars, format, and experience:

If you have used a cannabis product in another format such as oils, tinctures, concentrates, etc. please share that information as well. Also note negative as well as positive experiences.

Cultivar, format	Experience (i.e. relaxed, energetic, anxiety, paranoia)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Please briefly describe your understanding of some of the negative effects of cannabis and noted concerns about cannabis use, including various consumption methods (smoking, vaporizer, edibles):

Cannabis Use Expectations:

I would like to use cannabis for (i.e. relaxation, energy, inspiration, etc.):

I am interested in consuming cannabis in the following formats:

- Rolled smokable
- Vaporizer
- Unsure
- Pipe
- Edibles/oils/tinctures
- Best for my health condition
- Bong/Water pipe
- Concentrates/Dab Rig

Triple J's Canna Space is working towards offering training sessions on various topics, please check off some things that you would be interested in learning about cannabis:

I am interested in growing my own cannabis in the following format:

- Not interested in growing
- Outdoor/greenhouse
- Hydroponics
- Aquaponics
- Aeroponics
- Indoor general grow
- Indoor tent

I would like to learn more about:

- Storing Cannabis
- Cannabinoids & Terpenes
- Cannabis Genetics
- Making concentrates/extracts
- Making edibles
- The Endocannabinoid System