**Re:** **${lastname}, ${firstname}**

**DOB:** **${dob}**

Dear Dr. ,

M. ${fullname} was seen for an assessment regarding the appropriateness of medical cannabis in relation to a diagnosis of \_\_\_\_.

**Date of New Consultation: ${today}**

**Identification:** ${idenage}

**History of Presenting Illness:**

- Primary Diagnosis:

- Previously treated with:

- Complicated by:

- Current symptoms:

**Cannabis History:**

- Previous use:

- Quantity used:

- Success with symptom relief:

- Mode of consumption:

- Adverse events:

**Past Medical History:**

No personal history of psychotic illnesses

**Medications:**

**Allergies:**

NKDA

**Family History:**

No family history of psychotic illnesses

**Social History:**

Tobacco:

EtOH:

Illicit:

Occupation:

Criminal Record:

Family/Home:

**Physical Examination:**

Height: Weight:

BP: HR:

Gen – Alert, well, no apparent distress. Appears stated age.

CVS – Normal heart sounds. No murmurs.

Resp – Bilateral breath sounds. No adventitious sounds.

MSE – Alert and oriented. Normal speech. Organized. Good insight. Good comprehension.

**Laboratory Investigations and Imaging Studies:**

No relevant investigations available.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Urine Drugs of Abuse Screen** | | | | |  |  |  |  |  |  |  |
|  | THC | Opiate | Benzo | Amphet | Cocaine |  |  |  |  |  |  |  |
| **Date** |  |  |  |  |  |  |  |  |  |  |  |  |

**Impression and Plan:**

Mr. ${fullname} is a ${agegender} with \_\_\_\_. He has previously used \_\_\_\_ .

We reviewed the lack of high quality evidence to support the clinical use of medical cannabis, in part related to its history of prohibition. However, there is physiologic and observational data to support its possible role in \_\_\_\_. We discussed the long term negative impact that regular nightly cannabis use can have on sleep architecture through REM inhibition.

We reviewed the principles of harm reduction in obtaining cannabis from a Licensed Producer, which is regulated by Health Canada, as opposed to illegal drug sales.

We reviewed the strong evidence that individuals under the age of 25 who consume cannabis are at greater risk than older adults for cannabis-associated harms, including suicidal ideation, illicit drug use, cannabis use disorder, and long-term cognitive impairment.

I have recommended medical cannabis \_\_g per day (THC <XX%) for a 3 month course. The patient is cannabis-naïve, and as such I have recommended a lower THC limit.

I encouraged the patient to consider several cannabis strains to determine which strain profile best manages their symptoms and maintain a symptom diary.

I have specifically recommended that the patient start with a CBD oil/capsule and gradually uptitrate the dose. Should there be ongoing symptoms, I have recommended gradually introducing small quantities of THC.

We discussed the various modes of administration and the major differences between inhalation and ingestion. If inhalation is the preferred method of delivery, I encouraged the use of a vaporizer to avoid the noxious effects from combustion.

I counseled the patient regarding adverse effects including acute psychoactive and adrenergic effects, as well as the potential for mood changes including anxiety, depression or rarely psychosis. I counseled them to not drive while under the influence of cannabis.

I completed a Medical Document in accordance to the Access to Cannabis for Medical Purposes Regulations (ACMPR). The patient will also be meeting with our Cannabis Educator to register with a Licensed Producer(s) and select some appropriate products.

I have made arrangements to see the patient in 3 months to review the above investigations and discuss further management.

Thank you for involving me in the care of this patient. Please do not hesitate to contact me if you have any additional concerns.

Yours sincerely,

****

**Michael Matar, MD, CCFP**