



ALOHA GREEN APOTHECARY

Please fill out the portion below exactly as it appears on your 329 Hawaii medical card.

DOH Medical Cannabis Program

Registration Number: _____

Issued: _____ Expires: _____

First Name: _____ Middle Name: _____

Last Name: _____

DOB: ____ / ____ / ____
MM DD YYYY

Physician: /s/ _____

If you are a registered caregiver, please write patient's name _____

Department of Health Required Contact Information

Aloha Green Apothecary keeps contact information for every patient and contacts individuals only when required (product recalls, lost personal items, etc.)

Address Line 1 _____

Line 2 (optional) _____

City _____ Zip Code _____

Email _____

Mobile Number _____

Loyalty Member Discount

Join our email and text lists and receive an automatic 10% off all purchases!

- Yes! I want my 10% discount.
 No. I do NOT want a discount.

Veteran's Honor Discount

Retired military veterans and military dependents receive an automatic 20% off. Accepted documents: military-issued ID, VA-issued ID, DD214 Form.

- Yes! I am eligible for 20% off.
 No. I am NOT eligible.

329 Hawaii Medical Card Qualifying Condition (optional):

- | | | |
|--|---|---|
| <input type="checkbox"/> ALS | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Cachexia | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lupus | <input type="checkbox"/> Severe Muscle Spasms |
| <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Severe Nausea |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> PTSD | <input type="checkbox"/> Severe Pain |



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Please review the agreements provided and initial/sign below.

Do not sign the Agreement and do not use cannabis if you have questions about or do not understand the information you have received or are not comfortable assuming the risks that may be associated with cannabis use or possession.

I certify that I have read the attached Acknowledgement Disclosure and Assumption of Risk Agreement and I fully understand the potential risks and side effects related to the use of cannabis as described above. In using cannabis for medicinal use, I fully accept responsibility and assume the risks and side effects associated with its use. I further hold harmless and release Aloha Green Apothecary of any liability related to any risks.

Initial Here: _____

I certify that I have read the attached Medical Cannabis Program Patient Agreement and declare that the information contained herein is true, correct, and complete.

Initial Here: _____

I certify that I have read and fully understand the attached Terms and Conditions of Aloha Green Apothecary.

Initial Here: _____

I certify that I have read, understand, and agree to the above referenced documents provided by Aloha Green Apothecary.

Signature: _____ Date: _____

Printed Name: _____



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Acknowledgement of Disclosure and Assumption of Risk Agreement

This Acknowledgement of Disclosure and Assumption of Risk Agreement has been prepared to provide you with information regarding the risks and side effects of using cannabis (also referred to as “marijuana”). It is important that you read this information carefully and completely. Please discuss any questions you may have with a dispensary patient consultant or your certifying physician. Once you have read and understand the attached information, and have had any questions addressed to your satisfaction, please sign and date the Acknowledgement of Disclosure and Assumption Risk Agreement.

Risks and Side Effects of Cannabis Use

Possession or use of this product is unlawful outside of the State of Hawaii and prohibited by federal law.

Cannabis may have intoxicating effects and has not been analyzed or approved by the United States Food and Drug Administration (“FDA”) and was produced without FDA oversight for health, safety, or efficacy. Cannabis may contain unknown quantities of active ingredients, impurities, or contaminants.

The efficacy and potency of cannabis may vary widely depending on the cannabis strain and ingestion method.

If cannabis is smoked: Smoking may be hazardous to your health. Cannabis smoke contains carcinogens and may lead to an increased risk of cancer, tachycardia, hypertension, heart attack, birth defects, brain damage, and lung disease.

If cannabis is eaten or swallowed: When products infused with cannabis or active compounds of cannabis are eaten or swallowed, the intoxicating effects of this drug may be delayed by two or three hours or more.

There is limited information on the side effects of using cannabis, and there may be associated health risks. Side effects of cannabis can include but are not limited to:

- Memory loss
- Anxiety/Nervousness
- Dry Mouth
- Irregular/Increased heartbeat
- Sexual impotence
- Numbness
- Low blood pressure
- Agitation
- Confusion
- Poor physical condition
- Hunger/Loss of appetite
- Dizziness/Impairment of motor skills
- Cough/Bronchitis/Shortness of Breath
- Dependency
- Depression
- Impaired Vision
- Feelings of euphoria
- Laryngitis/Bronchitis/General Apathy
- Drowsiness/Fatigue/Abnormal sleep
- Headache/Nausea/Vomiting
- Sedation/slower reaction time/Inability to concentrate
- Paranoia/Psychotic Symptoms
- Suppression of immune system

Symptoms of cannabis overdose include, but are not limited to nausea, vomiting, and disturbances to heart rhythm.

The scientific basis for the medical use of cannabis has not been established. There is little known information regarding how cannabis may or may not react with other pharmaceutical or herbal medications. Combining cannabis with other prescribed medications can have unpredictable adverse effects.

Some patients can become dependent on cannabis. This means they experience withdrawal symptoms when they stop using cannabis. Signs of withdrawal symptoms can include feelings of depression, sadness or irritability, restlessness or mild agitation, insomnia, sleep disturbance, unusual tiredness, trouble concentrating, and loss of appetite.

Some users can develop a tolerance to cannabis. This means higher doses are required to achieve the same symptom relief.

The possibility exists that cannabis may exacerbate schizophrenia or bipolar disorder in persons predisposed to those disorders.

Women should not consume cannabis products while planning to become pregnant, during pregnancy, or while breast feeding, except on the advice of the certifying health practitioner, and in the case of breast feeding mothers, on the advice of the infant's pediatrician. Keep out of the reach of children and pets.

Using cannabis while under the influence of alcohol is not recommended.

The use of cannabis may affect coordination, cognition, and judgement. While under the influence of cannabis, do not drive, operate machinery, or engage in potentially hazardous activities.

Please note that cannabis will degrade over time.



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Medical Cannabis Program Patient Agreement

I agree that the following statements are true and accurate:

I am over 18 years of age and I am registered with and understand the requirements of the State of Hawaii's medical cannabis program.

I agree to strictly comply with the regulations, terms and conditions of the State of Hawaii's medical cannabis program, including, but not limited to, ensuring that no cannabis obtained by me shall be used for any other purpose than as directed by my certifying physician and such cannabis is not resold, distributed, or otherwise possessed or used by any other person.

I have been advised of the risks and side effects associated with using cannabis by my certifying physician and Aloha Green Apothecary, and have decided to assume such risks.

If I start using cannabis, I agree to tell my physician if I experience any one or more of the following:

- Start to feel sad or have crying spells
- Have changes in my normal sleep patterns
- Lose my appetite
- Become more irritable than usual
- Become unusually tired
- Withdraw from my family and friends
- Lose interest in my usual activities

In the event that I experience a severe reaction, I agree to immediately contact my physician. In the event that my physician is not available, I agree to call 911 for help.

I agree to tell my physician if I have ever had symptoms of schizophrenia, bipolar disorder, psychotic episodes or attempted suicide. I also agree to tell my physician if I have ever been prescribed or taken medicine for any of these conditions. I acknowledge that the risks of using cannabis under these circumstances could be severe.

I understand that my physician does not suggest nor condone that I cease treatment of medications that stabilize my mental or physical condition.

I am not pregnant, intending to become pregnant, or breastfeeding.



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Terms and Conditions

- Patients and caregivers are required to present their DOH issued 329 Hawaii medical card and proper form of identification every time they enter the Aloha Green Apothecary dispensary.
- Consumption of cannabis in any form is prohibited within the dispensary or in any public area.
- Patients and caregivers agree to never sell or otherwise distribute cannabis products obtained at Aloha Green Apothecary. Those who do so will be permanently excluded from Aloha Green Apothecary.
- NO cell phones, cameras, or recording devices can be used anywhere in the Aloha Green Apothecary dispensary (per DOH regulation).
- Please respect the privacy of all other patients in the dispensary.