



MARK BUSHEY COMPASSION PROGRAM

Cannabis Therapy Administration Record

CONFIDENTIAL – For internal use only

Today's Date	Patient's Program Identifier
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Medication Information	
Time of Administration:	Administered by (Initials):
AM PM	
Strain Name:	
Method of Administration:	
<input type="radio"/> Joint <input type="radio"/> Pipe or water pipe (bong) <input type="radio"/> Vaporizer <input type="radio"/> Other (please specify):	<input type="radio"/> Tincture or other oromucosal absorption <input type="radio"/> Edible (identify type below) <input type="radio"/> Topical (identify type below)
Dose Administered [If inhaled, number of deep inhalations within 5 minutes. If ingested (edible or tincture), quantity consumed. If topical, amount used (i.e., pea-sized, quarter-sized) and site of application.]	
IF APPLICABLE: Pain Scale BEFORE Administration (1 – No Pain; 10 – Worst Pain)	
1 2 3 4 5 6 7 8 9 10	

TIME:	(Circle one: PATIENT REPORTED CAREGIVER OBSERVED)
Patient reports being or presents as noticeably MORE:	
<input type="radio"/> Relaxed <input type="radio"/> Happy <input type="radio"/> Engaged socially <input type="radio"/> Uplifted <input type="radio"/> Talkative <input type="radio"/> Alert <input type="radio"/> Calm <input type="radio"/> Thoughtful	<input type="radio"/> Hungry <input type="radio"/> Euphoric/Giddy <input type="radio"/> Nervous <input type="radio"/> Restless <input type="radio"/> Anxious <input type="radio"/> Paranoid <input type="radio"/> Sleepy <input type="radio"/> Sedated
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