Medical Marijuana Checklist

Audit Date: _____
Physician Name: _____
Practice Location: _____
Clinic Setting/Specialty: _____
Years Registered with OMMA: _____

Physician Education & Training	**Yes**	**No**
Has the Physician completed education or training beyond OMMA CME requirements?	☐	☐

Patient-Physician Relationship	**Yes**	**No**
The physician-patient relationship is documented		
Face to Face	☐	☐
Telehealth		
Medical history present in the patient's chart	☐	☐
Documentation supports the physician's clinical judgment for the recommendation	☐	☐
Current medical condition is clearly documented	☐	☐

Comments:

Risk Assessment & Monitoring	**Yes**	**No**
Cannabinoid Use Disorder (CUD) (11 DSM-5, see attachment for assessment)	☐	☐
Ongoing evaluation for misuse or diversion documented (renewals or follow-ups)	☐	☐
Prescription Monitoring Program (PMP) reviewed and documented	☐	☐
Follow-up appointment plan discussed/documented	☐	☐

Comments:

Informed Consent & Patient Education	**Yes**	**No**
Signed informed consent at first visit	☐	☐
Consent discusses risks and benefits Potential impairment (driving/workplace) Psychoactive effects Educated regarding the risks of the current medication	☐	☐
Insignificant alternative treatments documented	☐	☐
Patient educated on dosage	☐	☐

Comments:

Minor Patient Requirements	Yes	No
Physician treats minor patients	☐	☐
Two physicians are involved in the evaluation of a minor	☐	☐
Parent/guardian consent documented	☐	☐

Comments:

Is the physician aware of the steps for termination? _____

Findings:

Recommendation:

Auditor Information

Auditor Name: _____

Signature: _____

Date Completed: _____

11 DSM-5 Attachment

The following **11 DSM-5 criteria** for Cannabis Use Disorder (CUD) must be assessed and documented for any patient who has used cannabis **at least six times in the past year**.

Did the assessment document the criteria for Cannabis Use Disorder as outlined in the DSM-5?

	DSM-5 CUD Criteria	Assessed
1	Withdrawal symptoms	☐ Yes ☐ No
2	Tolerance	☐ Yes ☐ No
3	Increasing quantity/frequency of use or longer episodes of use	☐ Yes ☐ No
4	Persistent desire or unsuccessful attempts to cut down/control use	☐ Yes ☐ No
5	Significant time spent obtaining, using, or recovering from cannabis	☐ Yes ☐ No
6	Social, occupational, or recreational activities were reduced due to use	☐ Yes ☐ No
7	Continued use despite medical or physical problems caused/exacerbated by cannabis	☐ Yes ☐ No
8	Recurrent difficulties fulfilling major role obligations	☐ Yes ☐ No
9	Recurrent use in hazardous situations	☐ Yes ☐ No
10	Craving or strong desire to use cannabis	☐ Yes ☐ No
11	Continued use despite interpersonal problems caused by cannabis	☐ Yes ☐ No