



Inpatient Medical Cannabis Patient Self-Administration Log Sheet



Patient to date and initial each time they self-administer a dose of cannabis

	12am	1am	2am	3am	4am	5am	6am	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm	10pm	11pm	
Monday Date: _____																									
Tuesday Date: _____																									
Wednesday Date: _____																									
Thursday Date: _____																									
Friday Date: _____																									
Saturday Date: _____																									
Sunday Date: _____																									

Nurse to complete information below and have patient sign and initial where indicated

Maximum Daily Dose: _____ Dosage form: _____ Route of Administration: _____ Frequency: _____

I, _____ understand that I am solely responsible for the administration of my cannabis and will document the time and date that I take it and enter my initials to verify the data I entered is correct.

Patient Signature: _____ Patient Initials: _____