

1) Which condition qualifies you for a Medical Marijuana Card?

Please check any that apply:

- | | |
|---|--|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Agitation of Alzheimer’s disease |
| <input type="checkbox"/> Amyotrophic lateral sclerosis/Lou Gehrig’ disease | <input type="checkbox"/> Arnold-Chiari malformation |
| <input type="checkbox"/> Cachexia (wasting syndrome) | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Causalgia | <input type="checkbox"/> Chronic inflammatory demyelinating polyneuropathy |
| <input type="checkbox"/> Crohn’s disease | <input type="checkbox"/> CRPS (Complex Regional Pain Syndrome Type II) |
| <input type="checkbox"/> Dystonia | <input type="checkbox"/> Fibrous dysplasia |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Hepatitis C |
| <input type="checkbox"/> Hydrocephalus | <input type="checkbox"/> Hydromyelia |
| <input type="checkbox"/> Interstitial cystitis | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Multiple sclerosis | <input type="checkbox"/> Muscular dystrophy |
| <input type="checkbox"/> Myasthenia gravis | <input type="checkbox"/> Myoclonus |
| <input type="checkbox"/> Nail-patella syndrome | <input type="checkbox"/> Neurofibromatosis |
| <input type="checkbox"/> Parkinson’s disease | <input type="checkbox"/> Post-concussion syndrome |
| <input type="checkbox"/> Post-traumatic stress disorder (PTSD) | <input type="checkbox"/> Reflex sympathetic dystrophy |
| <input type="checkbox"/> Residual limb pain | <input type="checkbox"/> Rheumatoid arthritis |
| <input type="checkbox"/> Seizures (including those characteristic of epilepsy) | <input type="checkbox"/> Sjogren’s syndrome |
| <input type="checkbox"/> Spinal cord disease (including but not limited to arachnoiditis) | <input type="checkbox"/> Spinal cord injury with objective neurological indication of intractable spasticity |
| <input type="checkbox"/> Spinocerebellar ataxia | <input type="checkbox"/> Syringomyelia |
| <input type="checkbox"/> Tarlov cysts | <input type="checkbox"/> Tourette syndrome |
| <input type="checkbox"/> Traumatic brain injury (TBI) | |

2) Can you provide medical records* from your primary medical doctor or specialist (must be medical doctor) signifying your qualifying conditions?

*You must provide proof of qualifying condition(s) in order to receive your medicinal marijuana card.

- Yes No

Signature: _____

Date: _____