

**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"/> Any terminal illness   |
| <input type="checkbox"/> Autism   | <input type="checkbox"/> Cachexia (wasting syndrome)  |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Conditions that cause persistent pain or muscle spasms, including multiple sclerosis, Parkinson’s disease, and Tourette’s syndrome |
| <input type="checkbox"/> Crohn’s disease  | <input type="checkbox"/> Debilitating psychiatric disorder, if diagnosed by a state licensed psychiatrist   |
| <input type="checkbox"/> Epilepsy   | <input type="checkbox"/> Glaucoma   |
| <input type="checkbox"/> Hepatitis C  | <input type="checkbox"/> Huntington’s disease   |
| <input type="checkbox"/> Inflammatory bowel disease   | <input type="checkbox"/> Intractable migraines unresponsive to other treatment  |
| <input type="checkbox"/> Neuropathies   | <input type="checkbox"/> Sickle cell anemia   |
| <input type="checkbox"/> A chronic medical condition normally treated with prescription medication that can lead to dependence, when a physician determines that medical marijuana could be an effective and safer treatment. (This is most commonly used with regard to prescription opioids.) |   |

**2) Do you have any other chronic or debilitating medical condition that, in the professional judgment of a physician, might be helped by the use of medical cannabis?**

- Yes       No

If yes, please describe the condition is and our physicians will review it and see if it qualifies:

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**3) 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:** \_\_\_\_\_