



Name _____

DOB _____

Address _____

City, ST. Zip, COUNTY _____

Phone _____

Email _____

Social Security # _____

QUALIFYING CONDITIONS

- PTSD
- A chronic medical condition that causes severe, persistent pain or persistent muscle spasms, including but not limited to those associated with multiple sclerosis, seizures, Parkinson's disease, and Tourette's syndrome
- Cancer
- Epilepsy
- Glaucoma
- Intractable Migraines
- HIV/AIDS
- Any terminal illness
- A chronic medical condition that is normally treated with a prescription medication that could lead to physical or psychological dependence, when a physician determines that medical use of marijuana could be effective in treating that condition and would serve as a safer alternative to the prescription medication
- In the professional judgment of a physician, any other chronic, debilitating or other medical condition, including, but not limited to, hepatitis C, amyotrophic lateral sclerosis, inflammatory bowel disease, Crohn's disease, Huntington's disease, autism, neuropathies sickle cell anemia, agitation of Alzheimer's disease, cachexia and wasting syndrome
- Other _____

Dr. Signature _____

Date _____