NH Cannabis LLC
Medical Cannabis Patient Application

Name: _____ Street Address: _____

Mailing Address (if different): _____ Email: _____

Mobile Number: _____ Other Phone Numbe: _____

Male: ☐ Female: ☐ Other: ☐

Date of Birth: _____

Service Tier Requested

☐ Standard Package - $75.00

Includes education/instruction, pre qualification, and referral to one or more suitable medical providers for the state-mandated in person evaluation and certification office visit. Patients are responsible for payment of provider services.

☐ Complete Package - $200

Includes standard package plus full coverage of the cost of the patient's initial state mandated in person

Patient signature: _____ NH Cannabis LLC signature: _____

Office Use Only

Medical Provider Referral(s)

1. Practice Name:_____ Medical Provider: _____ Specialty: _____
   Phone:_____ Email:_____ Date: _____

2. Practice Name:_____ Medical Provider: _____ Specialty: _____
   Phone:_____ Email:_____ Date: _____

3. Practice Name:_____ Medical Provider: _____ Specialty: _____
   Phone:_____ Email:_____ Date: _____

Notes: _____

Stand-Alone Medical Conditions that Qualify for NH Therapeutic Cannabis

- ☐ Generalized anxiety disorder
- ☐ Moderate to severe chronic pain
- ☐ Moderate or severe post-traumatic stress disorder
- ☐ Any debilitating or terminal medical condition or symptom your medical pro vider believes the benefits are likely to outweigh the risks
- ☐ Autism spectrum disorder
- ☐ Opioid use disorder with associated symptoms of cravings and/or withdrawal
- ☐ Severe pain

Qualifying Diagnoses

- ☐ Acquired immune deficiency syndrome
- ☐ Alzheimer's disease
- ☐ Amyotrophic lateral sclerosis
- ☐ Cancer
- ☐ Chronic pancreatitis
- ☐ Crohn's disease
- ☐ Ehlers Danlos syndrome
- ☐ Epilepsy
- ☐ Glaucoma
- ☐ Hepatitis C
- ☐ Lupus
- ☐ Multiple sclerosis
- ☐ Muscular dystrophy
- ☐ One or more injuries or conditions that have resulted in one or more qualifying symptoms
- ☐ Parkinson's disease
- ☐ Positive status for human immunode ficiency virus
- ☐ Spinal cord injury or disease
- ☐ Traumatic brain injury
- ☐ Ulcerative colitis

Possible qualifying medical conditions/symptoms

- ☐ Agitation of Alzheimer's disease
- ☐ Cachexia
- ☐ Chemotherapy induced anorexia
- ☐ Constant or severe nausea
- ☐ Elevated intraocular pressure
- ☐ Moderate to severe insomnia
- ☐ Moderate to severe vomiting
- ☐ Seizures
- ☐ Severe pain
- ☐ Severe, persistent muscle spasms
- ☐ Wasting syndrome