MMJ EXAMS OF COLORADO

_____ _____ ____ (____)_____
Last Name First Name MI Phone

_____-_____-_____ ____/____/_____ __M__F _____
Social Security Number Date of Birth Gender Email

_____ _____ _____ _____
Street Address City State Zip Code

TO OBTAIN A MEDICAL MARIJUANA CARD, YOU **MUST** HAVE ONE OF THE FOLLOWING CONDITIONS. (Check one or more)

____ CANCER ____ CACHEXIA ____ PERSISTANT MUSCLE SPAMS
____ GLAUCOMA ____ SEVERE NAUSEA ____ HIV OR AIDS
____ SEVERE PAIN ____ SEIZURES ____ POST TRAUMATIC STRESS

NOTE: *STRESS, ANXIETY AND DIFFICULTY SLEEPING ARE* ***NOT*** *RECOGNIZED BY COLORADO AS LEGITIMATE REASONS TO RECEIVE A MEDICAL MARIJUANA CARD!!*

DIAGNOSIS_____DATE FIRST DIAGNOSED_____
DIAGNOSIS_____DATE FIRST DIAGNOSED_____
SYMPTOMS_____
_____

TREATMENTS TRIED?_____

You experience symptoms how many times? ___ Daily ___Weekly ___Monthly
Your symptoms are: ___Staying the same ___Getting Worse ___Getting better
How bad is your problem? (mild) ___1 ___2 ___3 ___ 4 ___5 ___6 ___7 ___8 ___9 ___10 (severe)
Your problems interfere with work/social activities: ___None ___Infrequently ___Frequently
If you experience pain, the quality of your pain is: ___Sharp ___Burning ___Tingly ____Dull ___Stiff
___Numb ___Achy ___Other_____

TO OBTAIN A MEDICAL CARD YOU MUST USE MARIJUANA CONCENTRATES, EDIBLES, OINTMENTS OR SALVES. IF YOU ONLY SMOKE, YOU WILL NOT GET A CARD.

Initial Below
___ I use concentrates, edibles, ointments, creams and/or salves.
___ I have, or will, discuss my use of marijuana with my primary physician and/or psychiatrist before I use it.
___ I do not have medication or drug abuse problems.
___ I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS ACCURATE.

I have been given copies of the following
____ Guide to using Medical Cannabis
____ Information from the Colorado Marijuana Registry
____ MMJ Exams of Colorado HIPPA policy

SIGNATURE_____ DATE:_____/_____/_____