

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)

- | | | |
|--------------------------------------|----------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> CANCER | <input type="checkbox"/> CACHEXIA | <input type="checkbox"/> PERSISTANT MUSCLE SPAMS |
| <input type="checkbox"/> GLAUCOMA | <input type="checkbox"/> SEVERE NAUSEA | <input type="checkbox"/> HIV OR AIDS |
| <input type="checkbox"/> SEVERE PAIN | <input type="checkbox"/> SEIZURES | <input type="checkbox"/> 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 _____

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: _____ / _____ / _____