



Department of Health

Medical Marijuana Program

Office of Health Professionals Regulation, Room 104
3 Capitol Hill, Providence, RI 02908-5097

PRACTITIONER FORM

Instructions: Please complete patient information and have your practitioner complete all other sections of this form in order to comply with the registration requirements of the Rhode Island Medical Marijuana Act. Please attach this form to the Patient Application Form and mail the completed forms to the address listed above.

NOTE: This does NOT constitute a prescription for marijuana

Form fields for Patient Name, Date of Birth, and Phone Number; Practitioner Name, License Number, and Address Information.

These are the ONLY approved qualifying debilitating medical conditions - Check the appropriate box(es):

- 1. Cancer or the treatment of this condition
2. Glaucoma or the treatment of this condition
3. Positive status for Human Immunodeficiency Virus (HIV) or the treatment of this condition
4. Acquired immune deficiency syndrome (AIDS) or the treatment of this condition
5. Hepatitis C or the treatment of this condition

A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following:
(Check all appropriate box(es))

- 6. Cachexia or wasting syndrome
7. Severe, debilitating, chronic pain-(specify)
8. Severe nausea
9. Seizures, including but not limited to those characteristic of epilepsy
10. Severe and persistent muscle spasms, including but not limited to, those characteristic of multiple sclerosis or Crohn's disease
11. Agitation related to Alzheimer's Disease

Comments:

Practitioner means a person who is licensed with authority to prescribe drugs pursuant to chapter 37 of title 5 or a physician licensed with authority to prescribe drugs in Massachusetts or Connecticut.

I hereby certify that I am a practitioner as defined above. I have a practitioner-patient relationship with the qualifying patient and have completed a full assessment of the patient's medical history. The above-named patient has been diagnosed with a debilitating medical condition as listed above. Marijuana used medically may mitigate the symptoms or effects of this patient's condition. Further, it is my professional opinion that the potential benefits of the medical use of marijuana would likely outweigh the health risks for this patient.

Practitioner's Printed Name:

Practitioner's Signature: Date of Signature:

This form is to be completed by the Attending Practitioner.