

Recommendation for Medical Cannabis Use

Step 2 of 2

Please write the following information:

Weight(libras):

220

Height:

5

5

Eyes color:

GREEN

Check the disorders or conditions for which you seek a recommendation:

- Cancer
- Multiple Sclerosis
- Alzheimer's
- Anxiety Disorder
- Anorexia
- Hepatitis C
- Another condition that causes severe nausea
- Bipolar Disorder



- Intestinal Inflammatory Disease
- Insomnia
- HIV
- Chron's
- Arthritis
- Epilepsy
- Migraines
- Another condition that causes cachexia
- Persistent Muscular Spasms
- Autism
- Incurable and advanced diseases that require palliative care
- PTSD
- Lateral Sclerosis
- Fibromyalgia
- Rheumatoid Arthritis
- Parkinson's
- Spinal Cord Injuries
- Another condition that causes chronic pain

- Peripheral Neuropathies
- Depression
- AIDS
- Glaucoma

Are you taking any other medications?

Yes No

List current medications

Vyvanse ADHD
Pristiq anxiety

Do you have any medical records to share with the doctor that will support your request for a recommendation? (optional)

Applicable Documents: Radiology report sheets, medical statements, laboratory tests or any medical document stating your diagnosis and condition.

Upload

If you wish to download your files, click here. ([upload/109591_867835980.jpeg](#))

Picture must be in .pdf or .png format and must not exceed 4MB. Document name cannot contain spaces or hyphens.

Do you smoke?

Yes No

Do you drink alcohol?

Yes No

Please write down any additional information you think might be useful for the doctor (optional):

BACK

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