

Name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Today's date \_\_\_\_\_

**Please note, we may recommend medical marijuana only for the treatment of a qualifying medical condition. Under Ohio law, the following are the current qualifying medical conditions:**

**Patient history**

Please check health issues that you have:

- AIDS, positive HIV
- Cancer
- hepatitis C
- glaucoma
- inflammatory bowel disease: Crohn's disease and ulcerative colitis.
- Alzheimer's disease
- Parkinson's disease,
- amyotrophic lateral sclerosis
- multiple sclerosis, Tourette's syndrome,
- chronic traumatic encephalopathy, traumatic brain injury,
- spinal cord disease or injury,
- epilepsy or another seizure disorder
- sickle cell anemia,
- Fibromyalgia
- pain that is either chronic and severe or intractable,
- post-traumatic stress disorder

How long have you been diagnosed with the above condition(s)? \_\_\_\_\_

What medications are you currently taking for this condition(s), what have you tried in the past?:

---



---



---

What other treatments have you tried for this condition(s) and were they helpful (+) or not helpful(-)

---



---



---

Why do you want to use medical marijuana for this problem?

---



---

Name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Please share the names and contact/phone/ fax number of all medical providers who diagnosed the above conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share any other relevant details you think would be important for Dr.Hom to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request a medical marijuana certification for my health issues that are conditions that the State of Ohio recognizes may benefit for this type of treatment.

I understand that Dr Hom cannot prescribe or dispense medical marijuana, by state and federal law and that there are no standardized medical guidelines for medical marijuana use and that this herbal medication is not the standard practice of medical care for my conditions.

In order to work in a collaboration with my primary providers for this condition, I agree that you may inform them of our recommendations.

I am aware of the potential side effects and accept full responsibility for my use of marijuana for medical purposes. I agree to not use medical marijuana while driving, working with heavy machinery or any other activity that might endanger myself or others, if I am impaired.

Signature \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_