



North American Spine & Pain
404 Creek Crossing Blvd
Hainesport, NJ 08036
P 609-845-3988
F 609-288-6078
www.naspacmd.com

NORTH AMERICAN SPINE & PAIN MEDICAL MARIJUANA PROGRAM PATIENT APPLICATION FORM

First Name _____ Last Name _____

Date of Birth _____ Occupation _____

Address _____

Email Address _____

Height _____ Weight _____

Insurance _____

Member ID _____ Group ID _____

How did you hear about us? _____

Past Medical History (Please Check):

-Cardiac:

- High Blood Pressure
- Heart Attack
- Atrial Fibrillation
- Pacemaker/AICD

-Respiratory:

- Obstructive Sleep Apnea
- Asthma
- COPD

-Renal:

- Chronic Kidney Disease
- Kidney Stones

-Other:

Endocrine:

- Diabetes
- Thyroid Disease

-GI

- Ulcerative Colitis
- Crohn's Disease
- Fibromyalgia
- Muscular Dystrophy

-Musculoskeletal:

- Degenerative Disc Disease
- Osteoarthritis
- Spinal Stenosis
- Sciatica

- Disc Herniation
- Muscular Dystrophy

-Neurologic:

- Migraines
- Stroke
- MS
- Seizures

-Psychiatric:

- Generalized Anxiety Disorder
- Clinical Depression
- Schizophrenia
- PTSD
- Substance Abuse Disorder



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Allergies _____

Medications:

_____	_____
_____	_____
_____	_____
_____	_____

The Compassionate Use Medical Marijuana Act states specific conditions for which a physician may authorize use of medicinal marijuana for a qualifying patient. North American Spine and Pain physicians will review this application and determine whether you are a candidate for the medical marijuana program. If you are not a candidate, you may be eligible for other treatment options provided by the practice.

For what condition are you seeking medicinal marijuana (Please Check):

- Seizure Disorder
- Muscle Spasms
- PTSD
- Chronic Cancer Pain
- ALS
- MS
- Muscular Dystrophy
- Inflammatory Bowel Disease
- Chronic Pain (Please Specify _____)
- Other _____

FOR NORTH AMERICAN SPINE AND PAIN USE ONLY

Application Reviewed By: _____

Reviewing Physician: _____

Application Approval: **YES** **NO**



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MEDICAL MARIJUANA PROGRAM DISCLOSURE AND INFORMED CONSENT

1. North American Spine and Pain will collect set fees for medical consultation, follow-up appointments, medical records. Patients may be subject to cancellation fees for missing any scheduled appointment without 24 hour notice. Payment of any fees does not guarantee prescription for medicinal marijuana. Once seen and evaluated by a licensed physician, patient is not subject to any refunds for services provided.

2. All applications and patients within the medicinal marijuana program (MMP) will be reviewed and managed by state licensed physicians that are registered and authorized by the state of New Jersey to legally prescribe the use of marijuana for debilitating medical conditions that have been approved by the Department of Health.

3. Debilitating medical conditions that have been approved by the Department of Health include:
if resistant to conventional medical therapy:
o seizure disorder, including epilepsy;
o intractable skeletal muscular spasticity;
o glaucoma;
o post-traumatic stress disorder (PTSD);
if severe or chronic pain, severe nausea or vomiting, cachexia, or wasting syndrome results from the condition or treatment thereof:
o positive status for human immunodeficiency virus,
o acquired immune deficiency syndrome,
o cancer;
amyotrophic lateral sclerosis,
multiple sclerosis,
terminal cancer,
muscular dystrophy,
inflammatory bowel disease, including Crohn's disease;
terminal illness, if the physician has determined a prognosis of less than 12 months of life.

4. A bona fide relationship with a physician who is registered with the program will be maintained. A bona fide relationship is defined as a relationship in which the physician has ongoing responsibility for the assessment, care, and treatment of a patient's debilitating medical condition, where:

- o The physician-patient relationship has existed for at least one year; or
- o The physician has seen and/or assessed the patient for the debilitating medical condition on at least four visits



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- The physician assumes responsibility for providing management and care of the patient's debilitating medical condition after conducting a comprehensive medical history and physical examination, including a personal review of the patient's medical record maintained by other treating physicians reflecting the patient's reaction and response to conventional medical therapies.
5. Subsequence to evaluation by North American Spine and Pain, it is the patient's responsibility to communicate and follow up with the treating primary care physician and/or any other health care provider involved in the care of you qualifying condition.
6. I have been counseled and recognize that the use of medical marijuana may alter my coordination and cognition. Patients participating in MMP are instructed to avoid operating a motorized vehicle, heavy machinery, or any other equipment while under the influence of marijuana.
7. North American Spine and Pain physician reserves to right to terminate and discharge any patient within the MMP.
8. Patient's may be subject to urine drug screen testing and may be subject to the costs of such testing.
9. Medical marijuana not been approved by the Federal Drug Association ("FDA") and remains a Schedule 1 controlled substance.
10. Smoking marijuana may increase the risk of respiratory diseases and cancers of the respiratory tract. Tars and carcinogens may be present within the medicinal marijuana that may predispose patients the risk of respiratory diseases and cancers of the respiratory tract.
11. North American Spine and Pain does not recommend the use of medicinal marijuana for any patients that are pregnant, planning to get pregnant, or breast-feeding. Please inform your physician right away of any pregnancy or planned pregnancies. Physician reserves the right to check any patient in the MMP to a pregnancy test.
11. Side effects/risks of medical marijuana can include, but are not limited to: anxiety, tremor, nausea, vomiting, dry mouth, tachycardia, decreased coordination/cerebral blood flow/lung compliance & capacity, weight gain, endocrine dysfunction, sexual dysfunction, hallucinations, aggression, memory loss, confusion, altered mentation, addiction, abuse, fetal exposure, altered libido.

Patient Name _____ Date _____

Patient Signature _____