

ATTENDING PHYSICIAN'S STATEMENT-NEW APPLICATION
Montana Medical Marijuana Program

Instructions: Please complete all sections of this form in order to comply with the registration requirements of the Montana Medical Marijuana Act. **This does not constitute a prescription for marijuana.**

PATIENT INFORMATION

PATIENT NAME (LAST, FIRST, M.I.): _____

DATE OF BIRTH: _____ TELEPHONE NUMBER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHYSICIAN'S INFORMATION

PHYSICIAN NAME: (PLEASE PRINT LEGIBLY): _____

PHYSICIAN'S MONTANA LICENSE NUMBER: _____

MAILING ADDRESS: _____ TELEPHONE NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHYSICIAN'S STATEMENT

Medical Marijuana may be used for debilitating medical conditions. Please specify patient's condition by checking all appropriate boxes:

- 1. Cancer, Glaucoma, or Positive status for Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome. (AIDS)
- 2. A chronic or debilitating disease or medical condition or it's treatment that produces one or more of the following for this patient:
 - a. Cachexia or wasting syndrome
 - b. Severe or chronic pain
 - c. Severe nausea
 - d. Seizures, including but not limited to seizures caused by epilepsy
 - e. Severe or Persistent muscle spasms, including but not limited to spasms caused by multiple sclerosis or Crohn's Disease
 - Other symptoms caused by above conditions (specify): _____

I hereby certify that I am a physician duly licensed to practice medicine in Montana under MCA Title 37, Chapter 3. It is my professional opinion that after having completed a full assessment of the afore named patient's medical history and current medical condition, made in the course of a bona fide physician/patient relationship, that this patient has a debilitating medical condition as listed above. The potential benefits of medical marijuana will likely outweigh the health risks for this patient. **(Please give original to patient to be forwarded with the application packet to the Department.)**

PHYSICIAN'S SIGNATURE _____

DATE _____

Montana Medical Marijuana Act
INITIATIVE NO. 148

NEW SECTION. Section 1. Short title. [Sections 1 through 9] may be cited as the "Medical Marijuana Act".

NEW SECTION. Section 2. Definitions. As used in [sections 1 through 9], the following definitions apply:

(1) "Debilitating medical condition" means:

(a) cancer, glaucoma, or positive status for human immunodeficiency virus, acquired immune deficiency syndrome, or the treatment of these conditions;

(b) a chronic or debilitating disease or medical condition or its treatment that produces one or more of the following:

(i) cachexia or wasting syndrome;

(ii) severe or chronic pain;

(iii) severe nausea;

(iv) seizures, including but not limited to seizures caused by epilepsy; or

(v) severe or persistent muscle spasms, including but not limited to spasms caused by multiple sclerosis or Crohn's disease; or

(c) any other medical condition or treatment for a medical condition adopted by the department by rule.

(5) "Physician" means a person who is licensed under Title 37, chapter 3.

(7) "Qualifying patient" means a person who has been diagnosed by a physician as having a debilitating medical condition.

(10) "Written certification" means a qualifying patient's medical records or a statement signed by a physician stating that in the physician's professional opinion, after having completed a full assessment of the qualifying patient's medical history and current medical condition made in the course of a bona fide physician-patient relationship, the qualifying patient has a debilitating medical condition and the potential benefits of the medical use of marijuana would likely outweigh the health risks for the qualifying patient.

NEW SECTION. Section 3. Procedures -- minors -- confidentiality -- report to legislature. (1) The department shall establish and maintain a program for the issuance of registry identification cards to persons who meet the requirements of [sections 1 through 9].

(2) Except as provided in subsection (3), the department shall issue a registry identification card to a qualifying patient who submits the following, in accordance with department rules:

(a) written certification that the person is a qualifying patient;

(b) an application or renewal fee;

(c) the name, address, and date of birth of the qualifying patient;

(d) the name, address, and telephone number of the qualifying patient's physician; and

(e) the name, address, and date of birth of the qualifying patient's caregiver, if any.

(3) The department shall issue a registry identification card to a minor if the materials required under subsection (2) are submitted and the custodial parent or legal guardian with responsibility for health care decisions for the minor signs and submits a written statement that:

(a) the minor's physician has explained to that minor and to the custodial parent or legal guardian with responsibility for health care decisions for the minor the potential risks and benefits of the medical use of marijuana; and

(b) the custodial parent or legal guardian with responsibility for health care decisions for the minor:

(i) consents to the medical use of marijuana by the minor;

(ii) agrees to serve as the minor's caregiver; and

(iii) agrees to control the acquisition of marijuana and the dosage and frequency of the medical use of marijuana by the minor.