

Better Life - Better Health

Medical Cannabis Registration



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Telephone (860) 501-1882

information@betterlife-betterhealth.com

<https://www.betterlife-betterhealth.com>

Date _____

Name _____ DOB _____

Address _____

_____ CT _____

Phone _____

Email _____

Emergency contact with phone number _____

How did you hear about us? _____

What are your goals? What do you hope medical cannabis will do for you?

Do you have any previous experience with cannabis? Yes No

If yes, did you ever have any bad experiences after ingesting cannabis in any form such as severe anxiety, psychosis/hallucinations, severe vomiting or any other symptoms?

Please describe.

Do you have a severe cardiac condition? Yes No

Do you have severe allergies? Yes No

Do you smoke tobacco or vape nicotine? Yes No

If yes, how much per day? _____

Do you drink alcohol? Yes No

If yes, how much per day or week? _____

Do you use or have you used any other drugs? Yes No

If yes, which ones? _____

Are you currently on

Methadone Replacement Therapy? Yes No

Suboxone Therapy? Yes No

Alcohol Management/Medication? Yes No

Addiction Related Mental Health Counseling? Yes No

Are you pregnant or planning to get pregnant? Yes No

Are you currently breastfeeding? Yes No

Do you have a family history of

Cardiac conditions? Yes No

Psychosis? Yes No

Schizophrenia? Yes No

Please explain any positive family history answers: _____

Please list your current medications: _____

Please list medications which were prescribed for you in the past: _____

Please describe your medical and surgical history: _____

Are you allergic to any medications? Yes No
If yes, which ones? _____

Which qualifying condition would you like to be certified for?

- | | |
|--------------------|--------------------------------|
| PTSD | Severe neuropathy |
| Chronic pain | Complex Regional Pain Syndrome |
| HIV/AIDS | Cachexia/Wasting Syndrome |
| Epilepsy | Intractable Headaches |
| Multiple Sclerosis | Other (please describe) |
| Cancer | _____ |

The complete list of qualifying conditions approved by the State of Connecticut can be found on the following website which is periodically updated by the State of Connecticut:

<https://portal.ct.gov/DCP/Medical-Marijuana-Program/Qualification-Requirements>

Please provide documentation for all qualifying medical conditions such as imaging reports or a statement from your primary care provider or respective specialist.

You may be aware that many chronic conditions also respond to other therapies which may not be typically prescribed medical modalities. How many of the following have you tried:

Acupuncture

Homeopathic Medicine

Aromatherapy

Massage Therapy

Chiropractic Manipulations

Meditation

Counseling/Therapy

Physiotherapy

Exercise

Reiki

Other modalities (please describe)

Thank you for choosing Better Life - Better Health to help you with your registration for medical cannabis. We are dedicated to your well-being and will do our utmost to help you with this process. Please do not hesitate to contact us, if you need our help to finalize your registration with the State of Connecticut website. Even though registration is truly not that complicated, having to negotiate the necessary electronic hurdles can be a daunting task for some people. Don't worry or become frustrated; just call us!

Our rates are reasonable at \$200 for a new registration and \$100 for a registration renewal. We allow a 25% discount for senior citizens and Veterans of the Armed Forces. We will also negotiate a reasonable payment plan with you, if you have difficulty coming up with our fee all at once. If this is something you require, please make sure to discuss this at the time of your appointment. You will understand, however, that we cannot accept complete non-payment and will have to rescind your registration, if we do not receive payment in a timely manner at which point no refund for partial payments already made can be given. But please rest assured that a situation like this happens as good as never.

We trust that the answers you have given us have been truthful to the best of your ability as we cannot accept responsibility for problems that may arise from false or incomplete statements.

While cannabis is very effective for many medical conditions, it is possible to develop an intolerance or side effects from cannabis which can range from distressing to quite dangerous. While it is not very common, it is also possible to develop a dependence on cannabis and to experience side effects when abruptly discontinuing its use. We will contact you periodically throughout the year to encourage you to come and talk to us, if you feel you have experienced adverse effects from cannabis. We also welcome you to contact us at any time, if you experience symptoms or side effects you wish to discuss with us. Since insurance companies will not pay for medical cannabis and related issues, any necessary follow up visit and evaluation prior to the expiration of your medical cannabis card will be charged to you at a self-pay rate of \$50 per visit.

Again, thank you for your trust in us. We will contact you shortly for an appointment.

Please be so kind and sign this agreement or type your name in the box provided to demonstrate that your answers have been truthful to the best of your ability and to confirm your understanding and acceptance of the above-referenced terms.

Name _____

Date _____