

## HOW-TO GUIDE

# Do I Qualify As A Patient?

1

Do you have one (or more) of the following **conditions**?

2

Do you have one (or more) of the following **symptoms**?

**AND**



- One or more injuries that significantly interferes with daily activities
- Acquired immune deficiency syndrome
- ALS
- Alzheimer's disease
- Cancer
- Chronic pancreatitis
- Crohn's disease
- Epilepsy
- Glaucoma
- Hepatitis C currently receiving antiviral treatment
- HIV + status
- Lupus
- Multiple sclerosis
- Muscular dystrophy
- Parkinson's disease
- Spinal cord injury/disease
- Traumatic brain injury
- Ulcerative Colitis



- Severe pain not responding to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects
- Agitation of Alzheimer's
- Cachexia
- Chemotherapy-induced anorexia
- Constant or severe nausea
- Elevated intraocular pressure
- Moderate to severe vomiting
- Seizures
- Severe, persistent muscle spasms
- Wasting syndrome

**NEXT STEPS:** *How Do I Register As A Patient?*



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## How Do I Register?

### STEP 1



Speak with your physician or Advanced Practice Registered Nurse about therapeutic cannabis\*



If your physician agrees, have them fill out the physician form at [www.dhhs.state.nh.us/oos/tcp/](http://www.dhhs.state.nh.us/oos/tcp/)

### STEP 2



Access the government-issued application forms at the DHHS website:

[www.dhhs.state.nh.us/oos/tcp/](http://www.dhhs.state.nh.us/oos/tcp/)



View the full patient application instructions **here:** [www.dhhs.state.nh.us/oos/tcp/documents/applicationpatient.pdf](http://www.dhhs.state.nh.us/oos/tcp/documents/applicationpatient.pdf)



Complete application and submit the following:

- ✓ Written certification completed by provider
- ✓ Digital photograph (see link here for instructions)
- ✓ Proof of NH residency
- ✓ \$50 check to Treasurer, State of New Hampshire
- ✓ Mail or hand-deliver application to:  
**New Hampshire Department of Health and Human Services, Therapeutic Cannabis Program, Brown Building | 129 Pleasant Street | Concord, NH, 03301**

**Dover, NH ATC Location:** 26 Crosby Road, Units 11-12  
**Lebanon, NH ATC Location:** 367 Route 120, Unit E-2

\* Must have a 3-month pre-existing patient-provider relationship\*\*

\*\* There is an exception to the 3-month duration requirement found on Page 2 here:  
<http://www.dhhs.nh.gov/oos/tcp/documents/infosheetprovider.pdf>