



PRIME ALTERNATIVE TREATMENT CENTERS

OF NEW HAMPSHIRE

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PATIENT REGISTRATION GUIDE

The state of New Hampshire has started to pre-register patients for the Therapeutic Cannabis Program. This guide outlines the pre-registration process. Please feel free to contact us with any questions you may have, we are always more than happy to help.



STEP 1: QUALIFY

You may become certified for the program if you have at least 1 of the conditions listed below AND at least 1 of the associated symptoms or side-effects:

CONDITIONS

- Acquired Immune Deficiency Syndrome
- Alzheimer's Disease
- ALS
- Cancer
- Chronic Pancreatitis
- Ulcerative Colitis
- Crohn's Disease
- Ehlers-Danlos Syndrome
- Epilepsy
- Glaucoma
- Hepatitis C, and receiving anti-viral treatments
- HIV
- Lupus
- Moderate or Severe Post-Traumatic Stress disorder
- Moderate to Severe Chronic Pain
- Moderate or severe PTSD
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's Disease
- Spinal Cord Injury/Disease
- Traumatic Brain Injury
- Severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effect
- One or more injuries or conditions that has resulted in one or more qualifying symptoms [listed in the law]

SYMPTOMS

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



STEP 2: CONSULT

Consult with your Provider. A provider can be a physician or APRN with an active license to prescribe controlled substances. Please note you must have a provider-patient relationship of at least 3 months (90 days) in order to be certified by the provider. This 3 month requirement for the provider-patient relationship shall not apply if you the provider certifies that the onset or diagnosis of the patient's qualifying condition within the past 3 months (90 days).



STEP 3: REGISTER

Complete and submit the following forms and documentation: State-Issued Provider Form, State-Issued Patient Application Form, Proof of NH Residency, A Digital Photo of your face (for use in registry card), \$50 application fee, payable by check to: "Treasurer, State of NH" DHHS, Brown Building -Therapeutic Cannabis Program, 129 Pleasant Street, Concord, NH, 03301

State forms can be found on www.primematc.com, within our Resource Center