

New Hope Medicine

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Note To Patient: Please review this questionnaire first! If after reading, you believe that you qualify for a Montana Medical Marijuana Card recommendation, then please proceed to complete the New Patient Health Questionnaire. If you have any questions, feel free to call our office to obtain clarification.

Initial Screening Questionnaire

Montana's Medical Marijuana Act created a special program solely intended to provide life-saving/quality of life improving medicine to people with certain chronic and debilitating medical conditions. The Montana Department of Public Health and Human Services is charged with implementing and monitoring the Act.

Before we can accept you to move forward with our evaluation, we need to see if you may qualify for a card recommendation.

This is the list of approved medical conditions

Not everyone who has one of these conditions automatically qualifies for a recommendation. There are certain 'qualifying circumstances' that must accompany the medical condition you say you have.

Condition	Qualifying Circumstance
Admittance into hospice care	Your medical record documents this condition.
Cachexia or wasting syndrome	Your medical record clearly shows that you have lost significant weight and are currently unable to maintain a healthy weight because of a condition that affects your appetite or ability to digest food.
Cancer	When cancer symptoms, or cancer treatment, results in symptoms that significantly affect your current health condition.
Severe, chronic pain (Please see Chronic Pain section on next page)	<ul style="list-style-type: none">• Your medical record documents repeated visits to your doctor because of persistent pain of significant intensity that it interferes with your daily activities.• Your medical record documents objective evidence (X-rays, CT scans, MRIs, blood tests, nerve/muscle tests, such as EMG and NCS) of your chronic pain; also, physical exam findings that are documented by your treating physician(s) may suffice as objective evidence.• If objective evidence is not available, a 2nd physician may be required to support the recommendation.
A CNS disorder resulting in chronic painful spasticity or muscle spasms	Your medical record documents this condition.
Crohn's disease	Your medical record documents this condition.

Condition	Qualifying Circumstance
Epilepsy or intractable seizure disorder	Your medical record documents this condition.
Glaucoma	Your medical record clearly states that you have glaucoma.
HIV/AIDS	Your medical record clearly states that you are positive for HIV/AIDS.
Intractable nausea and vomiting	Your medical record documents that you are nauseated on an very frequent basis and that you may vomit several times a day and may have difficulty maintaining your weight as a result.
Multiple sclerosis	Your medical record documents this condition.
Painful peripheral neuropathy	Your medical record documents this condition.
Post-traumatic stress disorder (PTSD)	Your medical record documents this condition.

CHRONIC PAIN SECTION

Note: You must have **objective evidence** (tests) to support your claim of chronic pain; if you don't, then you may need this to qualify. Repeated visits to your physician for complaints of chronic pain that are clearly documented may suffice. Examples of objective tests are: X-rays, C-T Scans, MRIs, blood tests, nerve/muscle tests, etc.

Examples of Some Chronic Pain & Other Diagnoses; Their Qualifying Circumstance

If your diagnosed condition is one of the following, your medical records must have the following documentation:

1. **Migraine headaches**: I have received treatment with migraine medications (for example: Imitrex (Sumatriptan), Maxalt (Rizatriptan), etc.) and/or preventive medications, and they were not effective in controlling these headaches after an adequate trial.
2. **Irritable Bowel Syndrome (IBS)**: you must have physician documented history of abdominal cramping, diarrhea and food intolerances; there must be a documented diagnosis of IBS, and its failure to be treated successfully, in your medical records.
3. **Gastroesophageal reflux disease (GERD)**: this must be documented by an abnormal Upper GI x-ray and/or Gastroscopy (Dr. looks into your esophagus and stomach with a fiberoptic instrument) **or** a physician determined diagnosis; also, failure to adequately treat/control symptoms with medications used in GERD treatment may be documented.
4. **Hepatitis (B & C)**: your medical records must document chronic wasting, or inability to keep weight on, or loss of appetite, or abdominal pain.
5. **Fibromyalgia**: your medical records must state your diagnosis is fibromyalgia and you may have been prescribed approved medications for fibromyalgia (may require a second physician signature, when appropriate).

Disqualifying factors:

- Your condition has not been diagnosed by a Physician
- You have only received care from a chiropractor (for your chronic pain complaints) who has documented that your pain is the result of tests that only show muscle spasms (symptoms), not objective evidence of the cause of your chronic pains such as X-rays that may document degenerative disc or joint disease, vertebral subluxations, or arthritis in the spine
- You lack medical documentation
- You are not currently doing something to treat your condition, which may imply that you are neither suffering from or have a problem; for example, you haven't seen a physician for complaints of chronic pain for many years
- Your condition is not chronic or current
- You cannot present your condition as being debilitating
- You've been diagnosed with a psychiatric condition with no associated chronic pain or other physical complaints
- You are currently under the supervision of the Department of Corrections

What makes you a good medical marijuana card applicant?

- You currently have one of the approved medical conditions
- You have already been diagnosed by a doctor in the past, been treated medically or surgically and have medical records that document this
- You have current medical records showing your diagnosis is still active
- Your medical records state that your diagnosed condition debilitates you in that it significantly prevents performance of necessary life-functions or work
- You have tried (or still use) traditionally accepted methods of medical care and want to apply for a medical marijuana card because you believe it is an appropriate alternative therapy that will help restore normal functioning to your life

Important Information:

Our Center relies very heavily on medical records to support your statements regarding your qualifying medical condition. **If what you state to us is true, then it must be documented somewhere in your medical records.** If you cannot support your statements concerning your qualifying condition, then we cannot make a recommendation on your behalf to the state.

NEXT STEP: If you believe you qualify for a recommendation, then go to the next step.....Completion of the [New Patient Health Questionnaire](#)