



136 Sherman Avenue – Lower Level • New Haven, Connecticut 06511
 (Phone) 203-675-1199 (FAX) 203-675-0277
www.TotalPainTreatment.com

CT MEDICAL MARIJUANA (MMP) PATIENT REGISTRATION PACKET

Thank you for your trust in Total Pain Treatment Centers of Connecticut. As an innovator in the practice of managing acute and chronic pain conditions. This office is registered to participate in the CT Medical Marijuana Program, designed to help people manage certain medical conditions. As such, this office and practitioners are bound by the regulations set forth by the State of CT Dept. of Consumer Protection as it relates to certifying patients and prescribing medical marijuana usage.

READ THIS INFORMATION CAREFULLY, answer all questions, and sign where indicated. Detailed information on the CT MMP can be found on the State of CT DCP website.

To qualify for participation in the CT MMP, you (the patient):

- ✓ Must be a Connecticut resident.
- ✓ Must be being treated for a debilitating medical condition.
- ✓ Must be at least eighteen (18) years of age or older.
- ✓ Cannot be an inmate confined in a correctional institution or facility under the supervision of the Connecticut Department of Correction.

CONFIDENTIAL PATIENT INFORMATION (PLEASE PRINT CLEARLY)

PERSONAL INFORMATION	Patient Name (First, Middle, Last):		Date of Birth:	Today's Date:
	Street Address:		City, State, Zip Code:	
	Sex at Birth: ☐ Male ☐ Female	Social Security Number:	Driver's License or Other ID Number:	State:
	Home Phone Number:	Cell Phone Number:	E-mail Address:	
	Marital Status: ☐ Single ☐ Married ☐ Divorced/Sep. ☐ Widowed ☐ Other		If Married, Name of Spouse:	
	Employer Name and Location:		Employer Phone Number:	
	Personal Caregiver Name:	Cell Phone Number:	E-mail Address:	

Keep in mind, The law prohibits ingesting marijuana in a bus, a school bus or any moving vehicle; in the workplace; on any school grounds or any public or private school, dormitory, college or university property; in any public place; or in the presence of anyone under 18. It also prohibits any use of palliative marijuana that endangers the health or well-being of another person, other than the patient or primary caregiver.

For what qualifying debilitating medical condition(s) are you being treated:	
Have you ever used medical marijuana in the past?: ☐ Yes ☐ No	What are your goals for using medical marijuana?:
If you have a preferred dispensary, please indicate the name and address below:	

Fees:

Please note, commercial insurance does not cover a medical visit for the sole purpose of obtaining an MMP Card. However, if applicable, we will bill commercial insurance on your behalf for other service(s) that may be covered. Since cannabis is currently federally classified as a Schedule 1 controlled substance, the purchase of medical marijuana is also not covered by commercial insurance.

Office visit for new MMP Card - \$250

Office visit for renewal of MMP Card - \$150

(Payment is due by cash, check, credit/debit card at time of visit)

State of CT Registration – \$100

Caregiver Registration – \$25

The state registration fee will no longer be required after July 1, 2023

Process:

At this appointment, your TPTC medical practitioner will counsel you and determine if medical marijuana would be a therapeutically beneficial supplement to your existing therapies. Only a medical practitioner can initiate your application by certifying for the Department that you have a medical condition that qualifies you for a medical marijuana registration certificate.

You will not be able to register in the system until the Department receives a certification from your medical practitioner, that you have been diagnosed with a condition that qualifies for the use of medical marijuana and that, in his or her opinion, the potential benefits of the palliative use of marijuana would likely outweigh the health risks of such use. You will also be required to provide a valid e-mail address as well as a primary telephone number.

Once you have been certified, You will be required to create an account with the DAS Business Network to access the online certification system at this link: <https://biznet.ct.gov/dcpmmrp>

The Department will seek additional information and documents from you demonstrating, among other things, your identity and residency to determine whether you are qualified under the statute to register with the Department. Once the Department receives the required information, a determination will be made as to whether you are eligible for a registration certificate and, if so, one will be sent to you.

If applicable, the fee is payable by check only to “Treasurer State of CT” and sent to:

- Connecticut Department of Consumer Protection
Medical Marijuana Program
450 Columbus Blvd, Suite 901
Hartford, CT 06103

Your certification expires one year from the date your practitioner certified you. Upon expiration, you are required to be re-assessed by your practitioner to determine your eligibility for continued use of medical marijuana and re-certification of CT's MMP.

Affirmations:

The patient named herein, presented to the office on the date referenced below, for an office consultation in conjunction with the requirements for participation in Connecticut's Medical Marijuana Program (MMP). The patient stated he/she is suffering from chronic pain due to the qualifying debilitating condition described herein and has tried but failed to gain relief from other treatments such as physical therapy and/or injection(s), and is currently under a supervised chronic pain management/treatment program.

The following qualifications have been verified by the practitioner:

- ✓ The patient is a Connecticut resident.
- ✓ The patient is being treated for a debilitating medical condition.
- ✓ The patient is at least eighteen (18) years of age or older.
- ✓ The patient is not an inmate confined in a correctional institution or facility under the supervision of the Connecticut Department of Correction.

Patient understands the following limitations:

- Medical Marijuana is limited to 5oz per month
- A state-approved dispensary must be selected and medical marijuana may only be obtained from that dispensary
 - Obtaining marijuana or marijuana products "on the street", or from any other source other than the indicated dispensary is strictly prohibited, even with MMP certification
- Overall health and level of function will be monitored throughout treatment including, but not limited to
 - Monthly, or other scheduled, office visits
 - Urine toxicology screening
 - PMP Prescription verification

Patient also acknowledges discussions during today's office visit including:

- The risks and benefits of they use or medical marijuana
- The risk of cannabis use disorder
- Exacerbation (worsening) of psychotic disorder, adverse cognitive effects, and other risks including falls and fractures
- Adverse effects associated with the use of marijuana during pregnancy or while breast feeding
- The need to safeguard all marijuana and marijuana-infused products from children and pets
- Medical marijuana is for the patient's use only and should never be supplied to others

By signing as the patient below, you agree to these written rules as well as the following terms and conditions:

- Approval and/or continued participation in the MMP is at the sole discretion of your TPTC Practitioner
- You must re-apply on an annual basis one year from the date of their most recent certification
- You and/or your caregiver consent to receiving communications on the status of your application, as well as other communications, at the provided email address and/or phone number
- TPTC reserves the right to deny any applicant or to terminate an enrollee to safeguard against diversion and/or any illegal/improper use of this program, or if false or misleading information was provided
- Failure to report a change in eligibility can result in removal from the program
- TPTC has the right to change the program's eligibility requirements and/or benefits at any time
- Purchased medical marijuana is for patient use only, and all program participants agree to abide by the requirements of the CT Medical Marijuana Program as well as the TPTC Code of Conduct.

Patient's Signature: _____ **Date:** _____

Practitioner Name: _____ **Signature:** _____