

# Southwest Medical Marijuana Evaluation Center

*See if you PreQualify;*

## PATIENT INFORMATION

FIRST NAME:

LAST NAME:

EMAIL ADDRESS:

PHONE NUMBER:

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The Patient is a current Arizona Resident:  YES  NO

The Patient has a valid Arizona Drivers License, state issued photo I.D. or current US passport:  YES  NO

The Patient is 18 years of age:  YES  NO

The Patient has medical records from within the past 12 months for the qualifying condition(s):

Yes, and in patients' possession  Yes, with treating physician(s)  No records from within past 12 months

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## QUALIFYING MEDICAL CONDITIONS

You must have at least one of the following medical conditions to qualify for medical marijuana in the state of Arizona. Please check all the below conditions that apply; (check all those that apply)

Crohn's Disease  Fibromyalgia  Glaucoma  HIV/AIDS  Hepatitis C  Alzheimer's Disease  Wasting Syndrome  Epilepsy / Seizures  Multiple Sclerosis (MS)  Amyotrophic Lateral Sclerosis (ALS)  Severe Nausea  PTSD  Severe and Chronic Pain (indicate the cause)

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## BACKGROUND INFORMATION

When did this health issue begin: (enter an apprx month/year if the exact date unknown) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Is the patient currently receiving care for their qualifying condition(s) by another physician:  YES  NO

If yes, date of the last visit: \_\_\_\_\_ (enter an apprx date if unsure of the exact visit date)

Has the patient been recommended medical marijuana in the past:  YES  NO

If yes, State \_\_\_\_\_ Date: \_\_\_\_\_ Condition(s): \_\_\_\_\_

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Is the patient currently on probation or parole?  YES  NO

Has the patient ever been arrested or convicted for a crime relating to marijuana?  YES  NO

**Return this form to a SWMMEC staff member who will determine you eligibility and the next steps.**