## **Clinical Checklist for Certification for Use of Therapeutic Cannabis**

Legal requirements under NH DHHS rules	
	Physician or APRN licensed to prescribe drugs in NH
	Active DEA controlled substance registration
	Provider-patient relationship (circle one) <ul> <li>Established patient of greater than 3 months duration</li> <li>Onset of condition within 3 months and I am the provider for the condition</li> </ul>
	In course of patient-provider relationship a full assessment of the patient's medical history and current medical conditions have been conducted including:  Output  Description history  Review of lab testing  Imaging  Other relevant tests  Appropriate consultations  Diagnoses noted  Treatment plan consistent with specialty
	Patient has BOTH a qualifying condition AND symptom or side effect (note: correct as of Apri 2016, qualifying conditions and symptoms may change over time, check NH DHHS site periodically)  O Qualifying condition (Circle at least one of the following):  Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C currently receiving antiviral treatment, amyotrophic lateral sclerosis, muscular dystrophy, Crohn's disease, multiple sclerosis, chronic pancreatitis, spinal cord injury or disease, traumatic brain injury, epilepsy, lupus, Parkinson's disease, Alzheimer's disease, or one or more injuries that significantly interferes with daily activities as documented by the patient's provider)  AND  O Qualifying symptom or side effect (Circle at least one of the following):  Elevated intraocular pressure, cachexia, chemotherapy-induced anorexia, wasting syndrome, agitation of Alzheimer's disease, severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects, constant or severe nausea, moderate to severe vomiting, seizures, or severe, persistent muscle spasms
	Potential health effects of cannabis explained to the patient or legal guardian
	Certification form completed, signed and copy to patient and to chart
	Plan to follow the patient at appropriate intervals (provider's discretion) to assess the health effects of cannabis on the condition or symptom for which it is used.  Follow-up date/interval:

## Additional Clinical Considerations & Actions that may be helpful (Not legal requirements)

Fact	tors that may support certification:  Potential benefits of cannabis are judged to outweigh the risks in light of patients health, co-morbidities and life context.
	Patient has used FDA approved medications or other interventions without relief or these pose greater risk for the individual
	Target condition or symptom has significant adverse impact on patient's quality of life
	The patient is not perceived at high risk to inadvertently or purposefully misuse or permit diversion of the cannabis
	Measurable goals of treatment established. These are:
	Clinician is comfortable operating under State laws in conflict with Federal law
Pati <b>ப</b>	ient counseled on Potential risks and benefits of cannabis with respect to their individual health profile
	Potential routes of administration including smoking, vaporizing, or oral intake
	Recommended cannabinoid content of cannabis, if relevant (THC vs CBD vs other)
	Securing cannabis, not sharing or selling
	Not driving or operating machinery while impaired or intoxicated by cannabis
Doc	umentation Statement of Understanding & Responsibilities reviewed with and signed by patient
Comments	