

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)
 - Established patient of greater than 3 months duration
 - Onset of condition within 3 months and I am the provider for the condition
- In course of patient-provider relationship a full assessment of the patient's medical history and current medical conditions have been conducted including:
 - Medical history
 - Prescription 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 April 2016, qualifying conditions and symptoms may change over time, check NH DHHS site periodically*)
 - 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
 - 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: _____

