

I, _____ am submitting my **Medical Records** for consideration to Total Care Clinics with the intention of securing a Medical Marijuana Authorization Card. I understand that I am required to pay \$50 for this records evaluation and that this \$50 is non-refundable in the event that I am not qualified, based on State of Washington guidelines, to receive such an authorization (should my records evaluation result in qualification, this \$50 will be applied towards the cost of the Authorization Card. I furthermore understand that said qualification will be determined by a Total Care provider and that the decision made by this provider is not a decision I am able to challenge at the clinic for any reason.

I understand, per State of Washington guidelines, that “a qualifying condition must be severe enough to significantly interfere with a patient’s activities of daily living and ability to function, which can be objectively assessed and evaluated.”

The State of Washington currently lists qualifying conditions as follows:

- Cancer
- HIV
- Epilepsy or other seizure disorder
- Spasticity disorder
- Intractable pain
- Posttraumatic stress disorder
- A disease that results in nausea, vomiting, washing, appetite loss, cramping, seizure, muscle spasms, or spasticity
- Glaucoma
- Crohn’s disease
- Multiple sclerosis
- Hepatitis C
- Chronic renal failure requiring hemodialysis
- Traumatic brain injury

Signature of Patient: _____

(Signature indicates Patient has read and understood the afore-stated policy)

Date: _____