



**Sanctuary ATC**

# New Patient Form

## Patient Information

Name

\_\_\_\_\_

First & Last

\_\_\_\_\_

Doctor's Name

## Mailing Address

\_\_\_\_\_

Address Line 1

\_\_\_\_\_

Address Line 2

\_\_\_\_\_

City/Town

\_\_\_\_\_

ZIP

New Hampshire Patient Registration Number

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth

Preferred Method of Contact

Home Phone

Cell Phone

Email

Text Message

## Phone Numbers

Home \_\_\_\_\_

Cell \_\_\_\_\_

Other \_\_\_\_\_

Email Address

\_\_\_\_\_ @ \_\_\_\_\_

Gender \_\_\_\_\_

Would you like to be added to our email newsletter?

Are you willing to participate in patient surveys?

## Caregiver Information (if applicable)

\_\_\_\_\_

First

\_\_\_\_\_

Last

Mailing Address

\_\_\_\_\_

Address Line 1

Phone Numbers

Home \_\_\_\_\_

\_\_\_\_\_

Address Line 2

Cell \_\_\_\_\_

\_\_\_\_\_

City/Town

\_\_\_\_\_

ZIP


Other \_\_\_\_\_

# Acknowledgements for Patient & Caregivers


Please initial next to each acknowledgment below then sign and date the bottom of the form

 I attest that I will not engage in the diversion of cannabis. I understand that diversion of therapeutic cannabis is a class B felony punishable by up to 5 years in prison and revocation of one's therapeutic cannabis identification card.


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 I understand that my registration card only allows me to possess and use cannabis for therapeutic purposes within New Hampshire.


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 I understand cannabis has not been analyzed or approved by the FDA, including cannabis produced by Sanctuary ATC.


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 I understand there is limited information on the side effects of cannabis, including cannabis produced by Sanctuary ATC.


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 I understand there may be health risks associated with using cannabis, including cannabis produced by Sanctuary ATC. Cannabis is not certified to be free of contaminants.


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 I understand cannabis, including cannabis produced by Sanctuary ATC should be kept away from children.


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 I understand that when under the influence of cannabis, driving is prohibited and machinery should not be operated.


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 I understand I may not distribute therapeutic cannabis to any other individual, and must return unused, excess, or contaminated product(s) purchased at Sanctuary ATC to Sanctuary ATC's dispensary for disposal.


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 I agree at all times to abide by New Hampshire law in regards to my use of therapeutic cannabis, and hereby release and waive all claims against Sanctuary ATC from any and all liability related to my use of therapeutic cannabis


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 I agree not to bring any weapons or anything that can be used as a weapon into Sanctuary ATC facilities.


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 I agree to the use of therapeutic cannabis in a way that does not endanger the health and well being of any person.

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 I understand that Sanctuary ATC may refuse to dispense therapeutic cannabis to me if, in the opinion of the dispensary agent, the public or myself may be placed at risk by so doing.

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 I have received the Sanctuary ATC patient handbook.

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\_\_\_\_\_  
Patient/Caregiver Name (Please Print)

\_\_\_\_\_  
Patient/Caregiver Signature

\_\_\_\_\_  
Date

# QUALIFYING PATIENT AND DESIGNATED CAREGIVER WAIVER

The enclosed waiver constitutes a Declaration regarding **Registered Qualifying Patients** and **Personal Caregivers** services on behalf of the medical use of **cannabis** by individuals in the state of New Hampshire.

The purpose of Chapter He-C 400 is to implement the New Hampshire Therapeutic Cannabis Program. All terms in "**bold face**" within this Declaration shall be construed consistent with He-C 400 and shall be interpreted as defined therein.

Registered Qualifying Patient or Personal Caregiver acknowledges the following:

Sanctuary Alternative Treatment center, Inc. ("Sanctuary ATC") is operating under Chapter He-C 400 as an Alternative Treatment Center ONLY.

Sanctuary ATC has indicated a warning that:

1. **CANNABIS HAS NOT BEEN ANALYZED OR APPROVED BY THE FDA .**
2. **THERE IS LIMITED INFORMATION ON SIDE EFFECTS OF CANNABIS.**
3. **THERE MAY BE HEALTH RISKS ASSOCIATED WITH USING CANNABIS.**
4. **CANNABIS SHOULD BE KEPT AWAY FROM CHILDREN.**

Sanctuary ATC has indicated a warning that when under the influence of **cannabis**, driving is prohibited by law, and machinery should not be operated.

Sanctuary ATC makes NO representation as to the safety of any **cannabis** obtained within.

Sanctuary ATC has indicated that the use of any **cannabis** obtained at Sanctuary ATC is at one's own risk.

**Registered Qualifying Patient** or **Personal Caregiver** agrees to hold harmless and indemnify Sanctuary ATC for any possible damages or losses.

**Registered Qualifying Patient** or **Personal Caregiver** agrees that Sanctuary ATC shall not be named in any lawsuit arising from its dispensation of **cannabis**.

**Registered Qualifying Patient** or **Personal Caregiver** understands and assumes the risk of all potential harms that could be caused by **cannabis** including but not limited to: low blood pressure; lightheadedness, fainting, loss of balance, drowsiness including any injuries associated therewith; demotivation; increased appetite and weight gain; slower reflexes or other cognitive obstructions; aggravation of pre-existing mental or physical disorders; and addiction.

Registered Qualifying Patient or Personal Caregiver agrees to comply with all statues, ordinances, and rules related to use of **cannabis**, including those established in New Hampshire Constitution, New Hampshire Statutes, and New Hampshire DHHS..

Registered Qualifying Patient or Personal Caregiver understands under New Hampshire law, the Registration Card only protects him or her from arrest for possessing limited amounts of cannabis in New Hampshire. In states outside of New Hampshire, please consult an attorney in that state to learn about any applicable restrictions.

**POSSESSING AND USING CANNABIS IN ANY FORM IS A FEDERAL CRIME. YOUR RISK OF FEDERAL PROSECUTION INCREASES ON FEDERAL LAND, WHICH INCLUDES NATIONAL PARKS, AND FEDERALLY SUBSIDIZED HOUSING**

Sanctuary ATC does not hold out itself to the public within this state as being able to diagnose, treat, prescribe for, or prevent any human disease, ailment, pain, injury, or condition.

Sanctuary ATC does not suggest, recommend, prescribe, or administer any form of treatment, operation, or healing for the intended palliation, relief, or cure of any physical or mental disease, ailment, injury, or condition.

Sanctuary ATC does not maintain an office for the purpose of examining or treating persons afflicted with disease, injury, or defect of body or mind.

I swear and affirm under penalty of perjury that I have read and understand the above statements.

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Name (Please print)

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Signature

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Date

**MAILING ADDRESS**

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Address

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City/Town/State

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Zip Code

# Patient Medical Provider Release Form

I hereby have requested from Sanctuary ATC a release of my confidential information regarding the New Hampshire Therapeutic Cannabis patient data to be given to my certified medical provider. This data includes the following private information:

1. The strains of cannabis dispensed, including potency; and
2. The form of prepared cannabis or CIP dispensed.

Additional information to be released if provided by the patient includes:

1. Strains used and routes of administration as they relate to qualifying conditions and symptoms;
2. Any side effect experienced;
3. Therapeutic effectiveness; and
4. Overall satisfaction with the New Hampshire Therapeutic Cannabis Program.

Name (Please Print)

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Signature

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Patient ID Number

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Date

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Patient Certified Medical Provider

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Patient Certified Medical Provider Phone Number

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Patient Certified Medical Provider Email

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# Patient Data Release Form

1. In order to better serve patients, I authorize Sanctuary ATC the permission to collect data on me regarding the New Hampshire Therapeutic Cannabis Program. All data collected will be securely maintained. Data used will be the following:

1. Strains used and routes of administration as they relate to qualifying conditions and symptoms;
2. Any side effects experienced;
3. Therapeutic Effectiveness; and
4. Overall satisfaction with the therapeutic cannabis program.

2. Data will be used internally for determining best practices within Sanctuary ATC.

3. Additionally, in a pursuit to constantly improve the New Hampshire Therapeutic Cannabis Program, this data will be shared with the New Hampshire Department of Health and Human Services.

Name (Please Print)

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Signature

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Patient ID Number

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Date

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