



**Patient Re-Enrollment  
Evaluation Form**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_

**Has Marijuana improved any of the following?**

**Abdominal Symptoms:**

- Nausea/Vomiting
- Constipation
- Appetite

**Anxiety/PTSD:**

- Sleep
- Anxiety
- Depression

**Seizures:**

- Seizure frequency
- Seizure severity
- Seizure medication use

**Side effects?**

- Memory loss
- Cough
- Legal issues
- Employment issues

Other: \_\_\_\_\_

**Has Marijuana DECREASED MEDICATION USE?**

**Medication:**

- Anxiety medication
- Depression medication
- Sleep medication
- Muscle relaxants
- Anti-inflammatories
- Steroids

**Opioid Use**

- Decreased dosage
- Decreased number of pills

**What was your dose of medication?**

\_\_\_\_\_

**Before Marijuana**

\_\_\_\_\_

**After Marijuana**

\_\_\_\_\_

**PHYSICIAN USE SECTION**

**PHYSICAL EXAM**

**Constitutional:**

- WDNW
- Cachectic
- Chronically Ill

**Gait:**

- Antalgic                       Cane                       Wheelchair

**Spine:**

- Cervical     SLT                       Spurling's     Thoracic     FABER     TTP  
 Lumbar     Scar                       Facet Load

**Abd:**

- TTP    Scar                       Ostomy

**Psych:**

- Anxious     Depressed

**Extremity:**

- Shoulder     Deformity    Hip             TTP         Ankle         Hand  
 Knee             Pain w/ ROM     Scar

**PLAN:**

- Enroll in NJ MMP     Medical Records Reviewed                       Imaging Reviewed  
 MMP Purchase HX Date                      Amount  
  
 PMP            Opioid                      Benzo

**NOTES**

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I have completed a history and physical exam, discussed the risks and benefits of medical cannabis, and reviewed patient's medical records supporting the patient's qualifying diagnosis. I have a bona fide relationship with the patient as defined by NJAC 13:35 7A. I assume responsibility for managing the patient's qualifying medical condition with medical cannabis.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_