

- You may withdraw the petition before the Review Panel's first public meeting of the year by submitting a written statement to the Department stating that you wish to withdraw it.

Section A: Petitioner's Information			
Name (First, Middle, Last): [REDACTED]			
Home Address (including Apartment or Suite #): [REDACTED]			
City: [REDACTED]		State: Mn	Zip Code: [REDACTED]
Telephone Number: [REDACTED]		Email Address: [REDACTED]	

Section B: Medical Condition You Are Requesting Be Added
Please specify the name and provide a brief description of the proposed qualifying medical condition. Be as precise as possible in identifying the condition. Optional: Include diagnostic code(s), citing the associated ICD-9 or ICD-10 code(s), if you know them. <i>Attach additional pages as needed.</i>
Autism

Section C: Symptoms of the Proposed Medical Condition and/or Its Treatment

Describe the extent to which the proposed qualifying medical condition or the treatments cause suffering and impair a person's daily life. *Attach additional pages if needed.*

He is aggressive, stims often and uncontrollably, acts confused, and all the other activities of a severely non-verbal autistic.

Section D. Availability of conventional medical therapies

Describe conventional medical therapies available and the degree to which they ease the suffering caused by the proposed qualifying medical condition or its treatment. *Attach additional pages if needed.*

None

Section E: Anticipated benefits from Medical Cannabis

Describe the anticipated benefits from the medical use of cannabis specific to the proposed qualifying medical condition. *Attach additional pages if needed.*

Hopefully in the right dose it will be a miracle cure. If not it will calm him and make him more focused and allow him to concentrate with less stimming

Section F (optional): Scientific Evidence of Support for Medical Cannabis Treatment

It will strengthen your petition to include evidence generally accepted by the medical community and other experts supporting the use of medical cannabis to alleviate suffering caused by the proposed medical disease or its treatment. This includes but is not limited to full text, peer-reviewed published journals or other completed medical studies. Please attach complete copies of any article or reference, not abstracts.

I have attached relevant articles. (check box if you have attached scientific articles or studies)

Section G (optional): Letters in Support of Adding the Medical Condition

Attach letters of support for the use of medical cannabis from persons knowledgeable about the proposed qualifying medical condition, such as a licensed health care professional.

I have attached letters of support. (check box if you have attached letters of support)

Section H: Acknowledgement and Signature

Please Note: Any individually identifiable health information relating to any past, present, or future health condition or health care contained in this Petition is classified as a health record under Minnesota Statutes §144.291, and is not subject to public disclosure.

I certify that the information provided in this petition is true and accurate to the best of my knowledge.

SK

06 / 24 / 2016
DATE (mm/dd/yyyy)

To obtain this information in a different format, call:
(651) 201-5598 in the Metro area and (844) 879-3381 in the Non-metro.