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☐ 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. *Attach additional pages as needed.*

Schizophrenia: is a chronic and severe mental disorder that affects how a person thinks, Feels, and behaves. People with schizophrenia ~~cannot~~ may seem like they have lost touch with reality. Schizophrenia is not as common as other mental disorders, however, the symptoms are very disabling.

Symptoms are psychotic behaviors not seen in healthy people, as "losing touch" with some aspects of reality: Hallucinations, delusions, thought disorders (unusual or dysfunctional ways of thinking), movement disorders (agitated body movements). Other symptoms are disruption to normal emotions and behaviors: Reduced expression of emotions via facial expressions, reduced feelings of pleasure in everyday life, difficulty beginning and sustaining activities, poor "executive functioning" the ability to understand information and use it to make decisions, trouble focusing or paying attention, problems with "working memory" the ability to use information immediately after learning it. (National Institute of Mental Health).

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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.*

Schizophrenia has been part of my brother's life since he was diagnosed 10 years ago at the age of 19 years. If youive ever had the chance to know someone before and after their schizophrenia diagnosis it is undoubtedly heartbreaking. The brother I had before his diagnosis was happy, social, had a bright outlook for his future and what he wanted to get out of his lifes journey. Now my brother has difficulty grasping the reality of making these life aspirations happen for himself. Schizophrenia impairs my brother's social life, making meaningful relationships even within his immediate family, as well as impairing his ability to be an active member of society.
The treatment he receives from his psychiatrist is unethical! The antipsychotic medication she proscribes sedate him, therefore keeping him home, depressed and unable to be social and an active member of society. Again due to his disorder he does not have the skill of "executive functioning" to inform his psychiatrist that this is a form of maltreatment.

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.*

The antipsychotic medications my brother takes decrease his hallucinations, delusions, and some dysfunctional ways of thinking, therefore easing what is his reality. However as these antipsychotics may ease his daily thoughts they also cause side affects, many in which cause organ failure and eventually death. And so once he gets mentally healthier and is able to understand the warning signs/side effects of his medication he starts self regulating his dosages because he doesn't want his organs to fail him, he wants to live, as he should we all do. And once he starts self dosing he regresses and becomes mentally unstable.
Occasionally he attends group meetings with others suffering from mental disorders, but this only helps to a certain degree.
[redacted] has talked about taking social skill building classes somewhere within his community to help him understand the mental steps and social skills to getting a job and then holding that job. However I'm not sure when this goal will be reached since his disorder reduces the feeling of taking pleasure in having a job.

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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.*

Having the variety of treatment options and dosage forms available for patients with schizophrenia is important so that a treatment plan can be tailored to meet the needs of each patient. The benefits of Medical Cannabis for those suffering with schizophrenia are: that patients may not need to take such a large quantity of antipsychotics, a drastic reduction in disabling side effects, being socially excepted and supported within our community. Medical cannabis will stimulate new cell growth in regions of the brain associated with anxiety and depression, as well as learning and memory. Also having less anxiety about the reality of his disorder and being able to focus on leading that rewarding and meaningful life he so very much deserves!

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)*

→ All four articles.....

☐ The effects of cannabis use on neurocognition in schizophrenia: A meta-analysis

☐ A Critical review of the Antipsychotic Effects of Cannabidiol: 30 years of a Translational Investigation

☐ University of Saskatchewan Research Suggests Marijuana Analogue Stimulates Brain Cell Growth

☐ Marijuana Compound Treats Schizophrenia with Few Side Effects Clinical Trail

..... provide evidence to the statements made in Sections B–E.

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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.

SIGNATUR [redacted] 07-27-2016

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.