

MINNESOTA MEDICAL CANNABIS PROGRAM PETITION TO ADD
A QUALIFYING MEDICAL CONDITION

Section A: Petitioner's Information

Name (First, Middle, Last)

Home Address (including Apartment or Street Number)

City

State

ZIP Code

MN

Telephone Number

Email Address

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.**

Tic Disorder (NOS) F95.9 (ICD-10-cm)
Almost exactly like Tourette's without
the vocal tics. (I was actually diagnosed
with Tourette's in 1991, but recently it was
changed because of lack of vocal tics.)

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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.**

Tic Disorder affects/impairs/causes physical, emotional & social distress just like Tourette's Syndrome.

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.**

Orap (Pimozide) helped temporarily, but worsened the tics after it stopped working. Hypnotherapy also worked temporarily. Other medications* had severe side effects and did not help relieve tics.

* Abilify; Topamax^{ax}, Klonopin

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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.**

Same as Tourette's

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

Strengthen your petition by including 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.

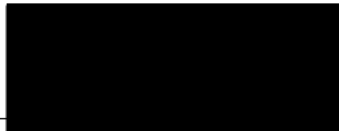
I have attached letters of support. *(check box if you have attached letters of support)*

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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.



SIGNATURE

6-2-2020

DATE (mm/dd/yyyy)

