I understand that the information I have been asked to provide is for the evaluation of my medical condition and to determine if it is a qualifying medical condition approved under the **Colorado** Medical Cannabis Program, and if I have not accurately and completely disclosed the requested information, it may adversely impact the provider’s ability to diagnose my condition and/or determine whether I qualify for medical cannabis per **Colorado** state laws.

I certify: **[initial each item]**

\_\_\_\_I certify that the information I am providing is accurate and complete and has been offered only for the purpose of determining if I have a qualifying medical condition.

\_\_\_\_I certify that my condition is chronic and debilitating to my quality of life.

\_\_\_\_I certify that I am not seeking marijuana for illegal purposes.

I understand: **[initial each item]**

\_\_\_\_ The medical provider, staff or representatives of **Elite Clarifications LLC.** LLC are neither providing, recommending, dispensing nor encouraging me to obtain medical marijuana.

\_\_\_\_ The medical provider, staff and representatives of **Elite Clarifications LLC.** are addressing specific questions regarding my qualification for entry into the state of **Colorado** Medical Cannabis program, and unless otherwise stated, are in no way establishing themselves as my medical provider beyond the requested evaluation/consultation. All patients should follow up with their primary care provider or mental health provider as appropriate.

\_\_\_\_ **Elite Clarifications LLC.** recommends that all patients follow the advice of their primary care provider and/or mental health provider as appropriate.

\_\_\_\_ Should an approval be made for my medicinal use of cannabis, there is a renewal date specified by the state. It is my responsibility to see the medical provider to assess the possible continuance of cannabis use beyond the term of approval.

\_\_\_\_ I acknowledge that I am a resident of **Colorado,** I am at least 18 years of age and have not misrepresented any information to **Elite Clarifications LLC.** or if I am under 18 I am the Legal Guardian of the Patient.

\_\_\_\_ I acknowledge that I have voluntarily sought an evaluation from **Elite Clarifications LLC.** and am in no way being coerced to do so.

\_\_\_\_ I acknowledge that evaluation does not ensure a medical cannabis card and if a denial is issued, I am not entitled to a refund.

\_\_\_\_ I acknowledge the federal government has classified marijuana as a Schedule 1 controlled substance. Schedule 1 substances are defined, in part, as having 1. a high potential for abuse; 2. no currently accepted medical use in treatment in the United States; and 3. a lack of accepted safety for use under medical supervision. Federal law prohibits the manufacture, distribution, and possession of marijuana even in states, such as Nevade, California, or **Colorado**, which have all modified their state laws to treat marijuana as a medicine. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature DATE