



Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: dcp.mmp@ct.gov • Website: www.ct.gov/dcp/mmp



Petition to Add a Medical Condition, Medical Treatment or Disease to the List of Debilitating Conditions

INSTRUCTIONS: Please complete each section of this Petition and attach all supportive documents. All attachments must include a title referencing the Section letter to which it responds. Any Petition that is not fully or properly completed will not be submitted to the Board of Physicians.

Please Note: Any individually identifiable health information contained in a Petition shall be confidential and shall not be subject to disclosure under the Freedom of Information Act, as defined in section 1-200, Connecticut General Statutes.

Section A: Petitioner's Information

Name (First, Middle, Last): [REDACTED]			
Home Address (including Apartment or Suite #): [REDACTED]			
City: [REDACTED]	State: CT	Zip Code: [REDACTED]	
Telephone Number: [REDACTED]	E-mail Address: [REDACTED]		

Section B: Medical Condition, Medical Treatment or Disease

Please specify the medical condition, medical treatment or disease that you are seeking to add to the list of debilitating medical conditions under the Act. Be as precise as possible in identifying the condition, treatment or disease.

Anxiety disorders (including panic + OCO)

Section C: Background

Provide information evidencing the extent to which the condition, treatment or disease is generally accepted by the medical community and other experts as a valid, existing medical condition, medical treatment or disease.

- Attach a comprehensive definition from a recognized medical source.
- Attach additional pages as needed.

Anxiety disorders as defined by the DSM 5 criteria.

Section D: Negative Effects of Current Treatment

If you claim a treatment, that has been prescribed for your condition causes you to suffer (i.e. severe or chronic pain, spasticity, etc.), provide information regarding the extent to which such treatment is generally accepted by the medical community and other experts as a valid treatment for your debilitating condition.

- Attach additional pages as necessary.
- If not applicable, please indicate N/A.

Physically addictive medication, for myself (all antidepressant medications have left



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Section E: Negative Effects of Condition or Treatment

Provide information regarding the extent to which the condition or the treatments thereof cause severe or chronic pain, severe nausea, spasticity or otherwise substantially limits one or more major life activities.

- Attach additional pages as necessary.

Condition AND medications limit me from working, driving, shopping and ADL

Section F: Conventional Therapies

Provide information regarding the availability of conventional medical therapies, other than those that cause suffering, to alleviate suffering caused by the condition or the treatment thereof.

- Attach additional pages as necessary.

Due to the patients that medication seek, it is difficult for the "Real Sufferers" to

Section G: General Evidence of Support for Medical Marijuana Treatment

Provide evidence, generally accepted among the medical community and other experts, that supports a finding that the use of marijuana alleviates suffering caused by the condition or the treatment thereof.

- Attach additional pages as necessary.

The Relaxation response from the use of marijuana, but much more

Section H: Scientific Evidence of Support for Medical Marijuana Treatment

Provide any information or studies regarding any beneficial or adverse effects from the use of marijuana in patients with the condition, treatment or disease that is the subject of the petition.

- Supporting evidence needs to be from professionally recognized sources such as peer reviewed articles or professional journals.
- Attach complete copies of any article or reference, not abstracts.

There has not been studies performed, only documentaries of positive feedback.

Section I: Professional Recommendations for Medical Marijuana Treatment

Attach letters in support of your petition from physicians or other licensed health care professionals knowledgeable about the condition, treatment or disease at issue.

Due to the pharmaceutical companies - this is near impossible



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Section J: Submission of Petition

In the event you are unable to answer or provide the required documentation to any of the Sections above (excluding Section D); provide a detailed explanation indicating what you believe is "good cause" for not doing so.

- Attach additional pages as necessary.

Section I - In CT, mental illnesses - anxiety disorders are not on condition list so drs are reluctant to provide documentation.

I hereby certify that the above information is correct and complete.

My signature below attests that the information provided in this petition is true and that the attached documents are authentic. I formally request that the commissioner present my petition and all supporting evidence to the Board of Physicians for consideration.

Signature: 	Date Signed: 1/5/17
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Section D cont'd

- me with debilitating side effects and dizziness, ^{memory loss} causing me chronic (26 years) of limitations and suffering 24 hours a day unless sleeping.

Section F cont'd

- get correct medications especially when your diagnosis is anxiety without depression. They still treat this with anti depressants that DO NOT work for many people.

Section G cont'd

- importantly - The use of CBD oil (without THC) has been shown to help the undefined chemical imbalance in ~~the~~ certain mental illnesses.

Additional Notes:

Please help the severe anxiety sufferers that have done everything we are taught and taken every medication correctly →

given to us only to be worse then when we started this journey. SSDI helps but may be not needed as frequently if there is truly and alternative for us. I will try anything as this has ruined my adult life and limited me to someone who does not and can not be a productive member of society as I dreamed I would be in my college years.

Please try and help, I know you hear this so many times for various conditions but I just wanted my voice heard as well.
Thank you