



THE GRASSROOTS CLINIC

COMPASSIONATE CANNABIS CARE

Phone: (844) 420-4842
Fax: (888) 809-1406
info@thegrassrootsclinic.com

Dear _____,
(Healthcare professional's name)

I am requesting verification of my diagnosis in order to be evaluated for eligibility in the Texas Compassionate Use Program. I am authorizing you to complete the form below as it relates to my condition and **fax to The Grassroots Clinic at (888) 809-1406** or return to me (the patient). I appreciate your assistance in coordinating care.

Patient First & Last Name (print)

Patient or Guardian Signature

Patient Date of Birth

Date

Patient Phone Number

INSTRUCTIONS FOR HEALTHCARE PROFESSIONAL

Please check all qualifying conditions that pertain to the patient:

- | | |
|---|--|
| <input type="checkbox"/> Amyotrophic Lateral Sclerosis (ALS) | <input type="checkbox"/> Huntington's disease |
| <input type="checkbox"/> Alzheimer's & similar | <input type="checkbox"/> Multiple sclerosis (MS) |
| <input type="checkbox"/> Autism & similar | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Peripheral neuropathy |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Post traumatic stress disorder (PTSD) |
| <input type="checkbox"/> Dementia with lewy bodies | <input type="checkbox"/> Spasticity / chronic muscle spasm |
| <input type="checkbox"/> Epilepsy & similar | <input type="checkbox"/> None of the listed diagnoses apply |
| <input type="checkbox"/> Incurable neurodegenerative disorder | |

(document name of disorder here)

Healthcare Professional First and Last Name (Print)

Healthcare Professional Signature

Date

INSTRUCTIONS FOR PATIENTS RECEIVING THIS COMPLETED FORM

1. Visit www.thegrassrootsclinic.com (or scan QR code) and click the "Schedule Virtual Appointment" button at the top of the page.
2. Enter the requested information; then select "New Patient" from the drop down menu.
3. When asked about medical records, select "YES, I have it in PDF or image format."
4. After selecting an appointment and completing the registration forms, you will be taken to your Grassroots Clinic patient portal where you will click "Qualifying Condition Documentation Upload." Upload a copy of this completed form as your medical record.



QR Code