



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.

[Redacted]

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.

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.



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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.

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.

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.

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.

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.



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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.

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.

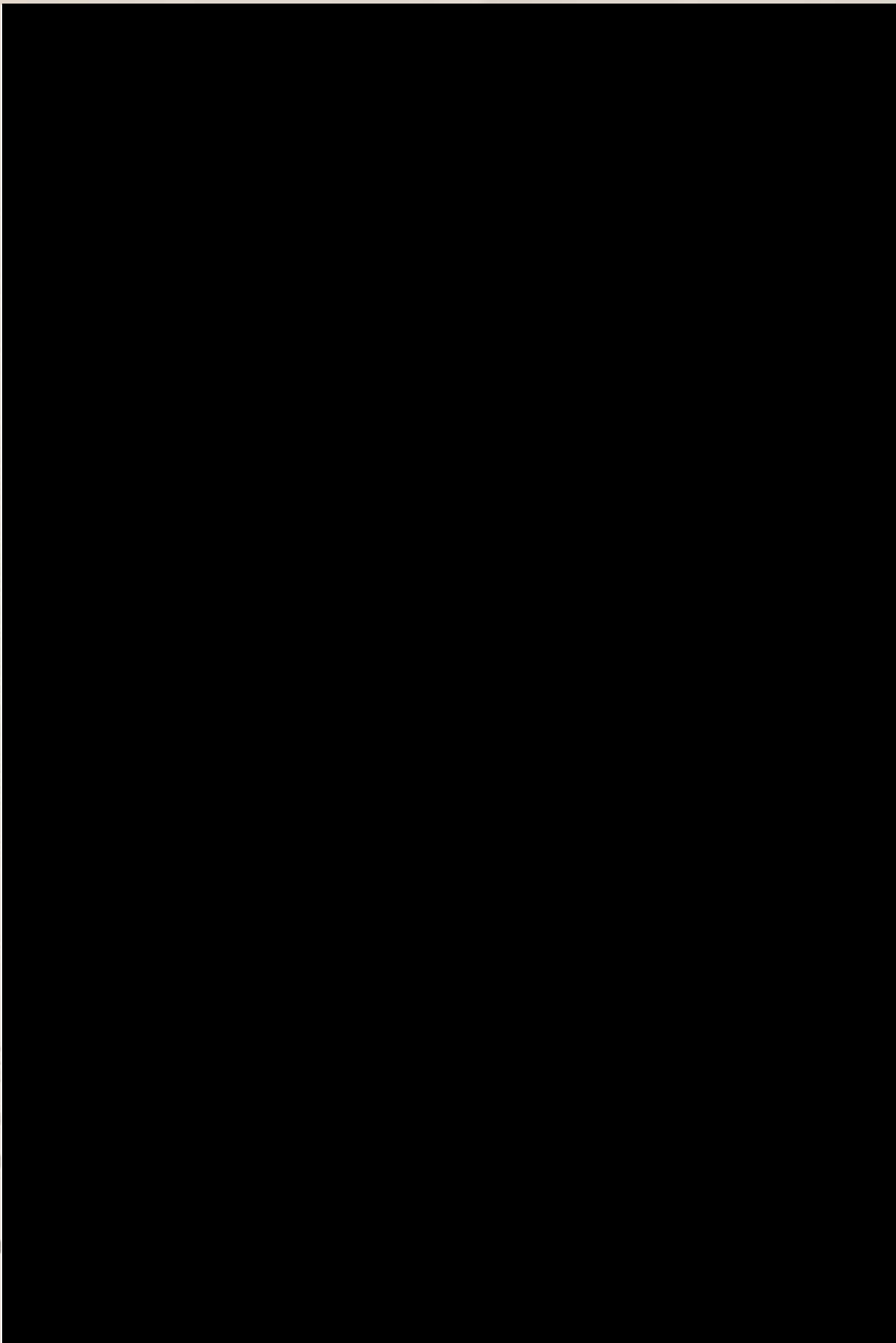
Signature:

[Redacted Signature]

Date Signed:

8/1/12

EXAMINATION RECORD



[REDACTED]

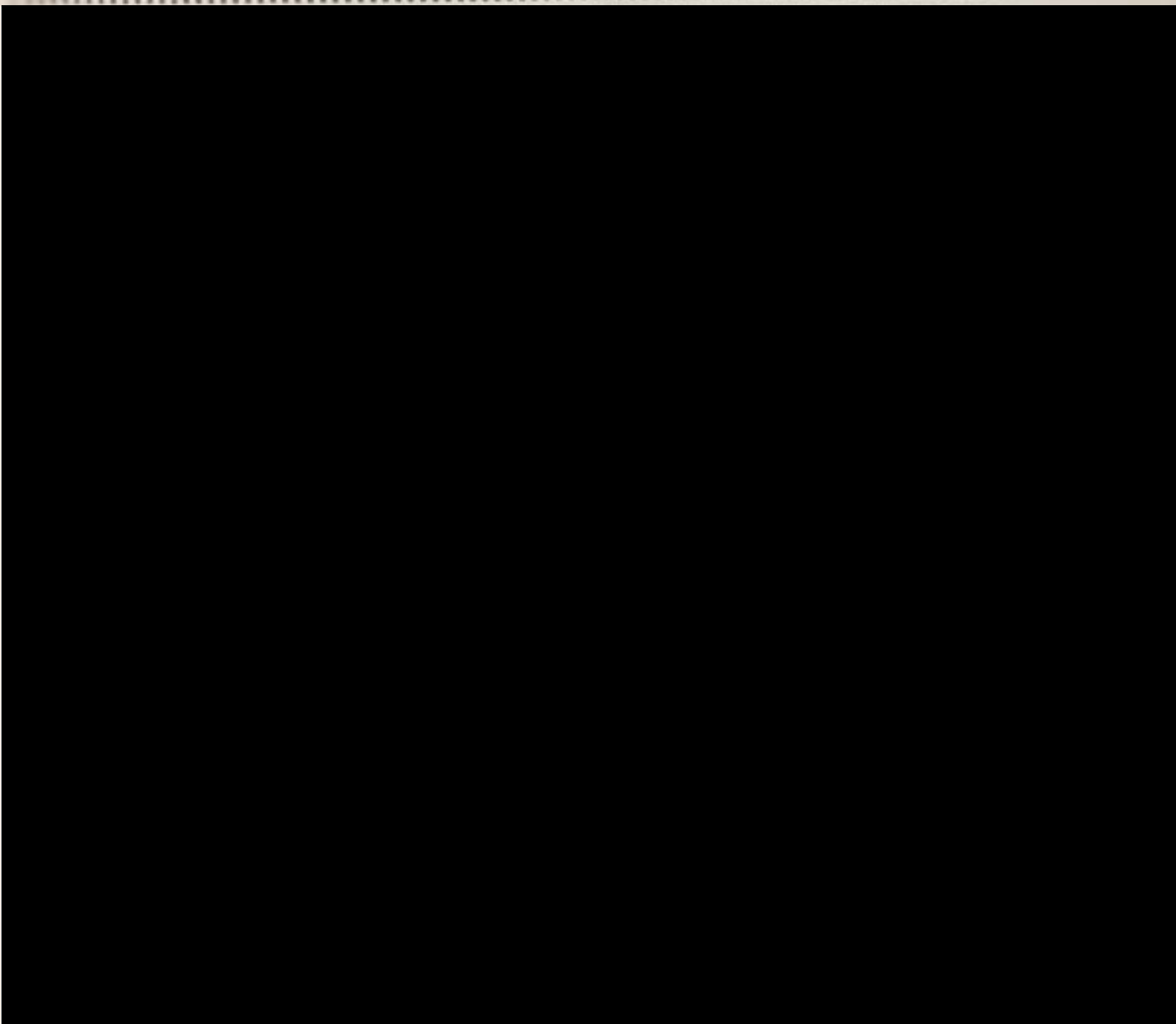
[REDACTED]

BESB EYE REPORT

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Section 10-305 of the Connecticut General Statutes requires reporting of legally blind persons: "Each physician and optometrist shall report in writing to the Board of Education and Services for the Blind within thirty days each blind person coming under his or her private or institutional care within this state. The report of such blind person shall include the name, address, Social Security number, date of birth, date of diagnosis of blindness, and degree of vision. Such reports shall not be open to public inspection." This includes:

1. All cases where vision with best correction is 20/200 or less in the better eye.
2. All cases regardless of visual acuity if the visual field is reduced to a diameter of 20 degrees or less OU.

Children with best corrected vision of 20/70 or less in the better eye are also eligible for BESB services.
.....





STATE OF CONNECTICUT
Department of Rehabilitation Services
Bureau of Education and Services for the Blind



09/24/2013

[Redacted]

Dear [Redacted]

The enclosed Certificate(s) of Legal Blindness (CLB) may be used as proof of your legal blindness, and to obtain the deductions to which you are entitled (attach to your tax return in order to establish your eligibility for the deduction for blindness, or send to your local Tax Assessor's office in order to establish your eligibility for a property tax exemption). A CLB may also be used to obtain a free fishing license or a reduced-fare bus pass. You may photocopy the CLB if you need additional copies.

If you requested a Handicapped Parking Permit, attach the CLB to the enclosed Special Permit Application. You do not need to have Part B of the form completed by a physician. This application should be sent to the address indicated on the form and will entitle you to a Handicapped Parking Permit due to your legal blindness.

Sincerely,

[Redacted signature]

BESB 115B

"Find Bruns Nystagmus on Wikiped...

"Read it"

Wikipedia

Nystagmus

Nystagmus is a condition of involuntary (or voluntary, in rare cases) eye movement, acquired in infancy or later in life, that may result in reduced or limited vision. Due to the involuntary movement of the eye, it is often called "dancing eyes". In a normal condition, while the head rotates about any axis, distant visual images are sustained by rotating eyes in the opposite direction on the respective axis. The semicircular canals in the vestibule sense angular acceleration.



[See full article](#)



Wikipedia

