



Sanctuary ATC
remedies, education, compassion..

Sanctuary ATC
568 Tenney Mountain Highway
Plymouth, NH 03264
(603) 346-4619

NEW PATIENT FORM

Patient Information

Name

First & Last

Doctor's Name

Mailing Address

Phone Numbers

Address Line 1

Home (_____) _____

Address Line 2

Cell (_____) _____

City/Town

ZIP

Other (_____) _____

New Hampshire Patient Registration Number

Email Address

Date of Birth

_____ / _____ / _____

Gender

Preferred Contact Method

Home Phone

Email

Cell Phone

Text

Do you want to be added to our email newsletter?

Yes

Are you willing to participate in our patient survey?

Yes

Caregiver Information (if applicable)

Name

First

Last

Mailing Address

Phone Numbers

Address Line 1

Home (_____) _____

Address Line 2

Cell (_____) _____

City/Town

ZIP

Other (_____) _____

Information For Patients

It is recommended that patients begin with the smallest dose possible and adjust accordingly over time.

- For discussion on tolerance of marijuana, as well as the possibility of dependence and withdrawal, please visit:
<http://www.dependency.net/learn/marijuana/>
- For information on substance abuse signs and symptoms, please visit:
http://www.helpguide.org/mental/drug_substance_abuse_addiction_signs_effects_treatment.htm
- Registered qualifying patients may not distribute marijuana to any other individual. All unused, excess, or contaminated product must be returned to **Sanctuary ATC** for proper disposal.

ACKNOWLEDGMENTS

Please **initial** next to each acknowledgment below as well as sign and date the form.

- ▶ I attest that I will not engage in the diversion of cannabis. I understand that fraudulent distribution or resale of therapeutic cannabis is a felony punishable by law.

- ▶ I attest to abide by the rules of the NH DHHS regarding use of this product.

- ▶ I understand that my registration card does not allow me to cultivate cannabis for any purpose.

- ▶ I understand that my registration card only allows me to possess and use cannabis for therapeutic purposes within New Hampshire.

- ▶ I understand cannabis has not been analyzed or approved by the FDA, including cannabis produced by Sanctuary ATC.

- ▶ I understand there is limited information on the side effects of cannabis, including cannabis produced by Sanctuary ATC.

- ▶ I understand there may be health risks associated with using cannabis, including cannabis produced by Sanctuary ATC.

- ▶ I understand cannabis, including cannabis produced by Sanctuary ATC, should be kept away from children.

- ▶ I understand that when under the influence of cannabis, driving and operating heavy machinery is illegal.

- ▶ I understand that I may not distribute cannabis to any other individual, and must return unused, excess, or contaminated product(s) purchased at Sanctuary ATC for immediate disposal.

- ▶ I have read and understood the following disclaimers and will abide by all rules pertaining to this program.

- ▶ I have received the Sanctuary ATC patient handbook.

Patient/Caregiver Name

Patient/Caregiver Signature

Date