



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

Medicinal Use of Marijuana Verification

To be filled out by CCO:

Patient's Name	Date of Birth	DOC Number
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To be filled out by Prescriber:

Dear Prescriber,

By state statute the Washington State Department of Corrections is charged with the responsibility to supervise some offenders after they have been convicted of a felony. The above named patient is currently under supervision by the Department. Supervision is designed to help the offender avoid those environments or situations that lead to their criminal behavior. Often illicit drug use is a contributing factor in an individual's criminality. Accordingly it's usual that the court or the Department of Corrections will impose a condition of supervision that the offender not use, or possess illicit drugs, including marijuana. This offender has claimed that they have a condition for which the medicinal use of marijuana has been recommended. The below verification is to determine the legitimacy of their claim. Thank you in advance for your assistance. If you have questions, please contact the Community Corrections Assistant Secretary at (360) 725-8787.

1. Is this patient under your care? Yes No
2. Are you recommending medical marijuana for this patient due to a diagnosis of Acquired Immunodeficiency Syndrome (AIDS)? Yes No
 - a. If the answer to question 2 is "Yes", does he/she have anorexia? Yes No
 - b. If the answer to question 2a is "Yes", does he/she have weight loss? Yes No
3. Are you recommending medical marijuana for this patient due to nausea and vomiting associated with cancer chemotherapy? Yes No
 - a. If the answer to question 3 is "Yes", has the patient failed to respond to conventional antiemetic treatments? Yes No
 - b. If the answer to question 3a is "Yes", please describe what those treatments were (medication, dose, duration):
 - c. What is the planned schedule of chemotherapy?
4. If you answered "No" to items 2 & 3 above, what is the reason you are recommending medicinal use of marijuana?
 - a. Please provide evidence published in a peer-reviewed scientific publication to support the medicinal use of marijuana for this purpose.
5. The patient's accompanying Release of Information authorizes you to provide the Department with current and future information related to this issue. Do you agree to notify the Department's Medical Director of any changes in your answers above? Yes No

Prescriber's Name (Print)

Prescriber's Signature

Date

License #: _____

License type: _____

Prescriber's Address _____

Phone Number _____

Prescriber: please return this form and the patient's Release of Information to:

Medical Director
Health Services Division
Washington State Department of Corrections
PO Box 41123
Olympia, WA 98504-2113

To be filled out by DOC Physician:

I have reviewed this verification form and find that use of medical marijuana by this patient
(check one) | is is not
consistent with DOC Policy.

Physician's Name (Print)

Physician's Signature

Date

Instructions to DOC Physician:

When form is complete:

1. Email your finding above to the Assistant Secretary for Community Corrections.
2. File this form and the accompanying Release of Information in Liberty as a Community Corrections Health Record.

State law (RCW 70.02; RCW 70.24.105; RCW 71.05.390) and/or federal regulations (42 CFR Part 2; 45 CFR Part 164) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.