

# **Managing Your Medical Cannabis Registry Account**

**A GUIDE FOR MEDICAL CANNABIS PATIENTS**

11/22/2022

## **Managing Your Medical Cannabis Registry Account**

Minnesota Department of Health  
Office of Medical Cannabis  
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651-201-5598  
[health.cannabis@state.mn.us](mailto:health.cannabis@state.mn.us)  
[www.health.state.mn.us/medicalcannabis](http://www.health.state.mn.us/medicalcannabis)

*To obtain this information in a different format, call: 651-201-5598.*

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# Introduction

We created this reference guide to help medical cannabis patients complete common tasks in the Medical Cannabis Registry.

## Step 1: Log in to your Registry account

1. Select “Registry Login/Create Account” from the [Office of Medical Cannabis \(https://www.health.state.mn.us/people/cannabis/\)](https://www.health.state.mn.us/people/cannabis/) webpage.

**MEDICAL CANNABIS**

- [Medical Cannabis Home](#)
- [For Patients](#)
- [For Caregivers](#)
- [For Health Care Practitioners](#)
- [For Public Safety](#)
- [Laws and Rules](#)
- [Print Materials and Forms](#)
- [Registry Login/Create Account](#)
- [Frequently Asked Questions](#)
- [Petitions Process](#)
- [News](#)
- [Data and Reports](#)
- [About the Medical Cannabis Program](#)

**CONTACT INFO**

Office of Medical Cannabis  
651-201-5598  
844-879-3381 (toll-free)  
health.cannabis@state.mn.us

### Medical Cannabis

**For Patients**

Find out which conditions qualify, how to get certified, where to get medical cannabis and the costs.

**Registry Login/Create Account**

For health care practitioners, certified patients and certified caregivers.

**For Parents/Legal Guardians, Spouses and Caregivers**

Find out how you can assist a patient to get medical cannabis.

**Frequently Asked Questions**

Learn answers to questions about getting certified, enrolling in the program, adding a caregiver and more!

**For Health Care Practitioners**

Register yourself and certify your patients.

**Petitions Process**

Petitions are accepted annually, June 1 - July 31, to add a new qualifying condition and/or delivery method to the program.

**For Public Safety**

Information for law enforcement.

**Data and Reports**

Registry data and program

**Laws and Rules**

2. Select “Medical Cannabis Registry Login” link, as show.

**MEDICAL CANNABIS**

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### Medical Cannabis Registry

**NOTE FOR NEW PATIENTS:** You will enroll in the Medical Cannabis Program through an email link sent from the Office of Medical Cannabis once your health care practitioner certifies you. Your enrollment application must be approved before you can access your Medical Cannabis Registry account at the link below.

[Medical Cannabis Registry Login](#)

This link is for patients (and, if appropriate, their caregivers, parents/legal guardians, or spouses) and health care practitioners who already have an account in the Medical Cannabis Registry. Current patients use this link to access their Self-evaluation Form.

[Health Care Practitioner Registration / \(Create Your Account\)](#)

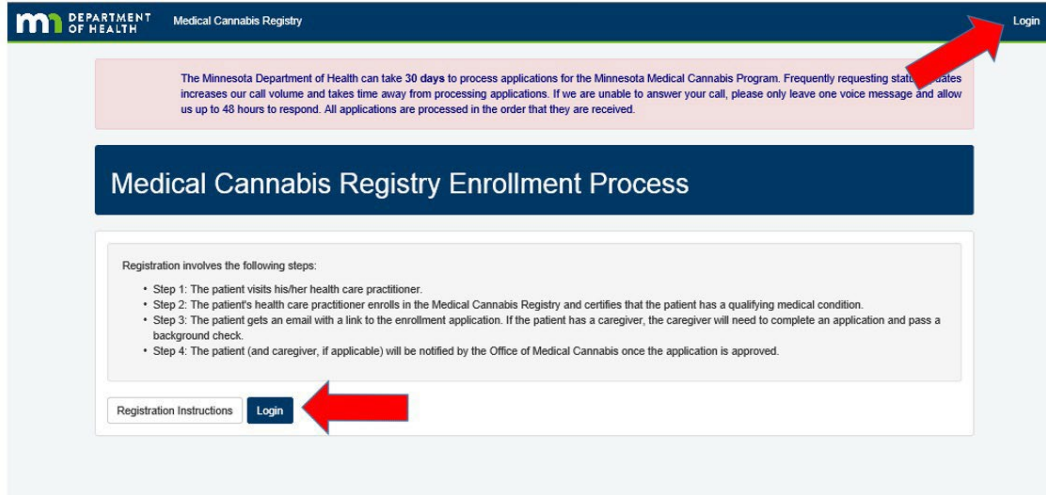
This link is for a health care practitioner (a Minnesota-licensed physician, physician assistant, or advanced practice registered nurse) who wants to certify patients for Minnesota’s Medical Cannabis Program. To register, you will need:

- General information: name, address, email, and phone.
- Your medical license(s).
- Your DEA license.
- General information about the clinic(s) where you practice.

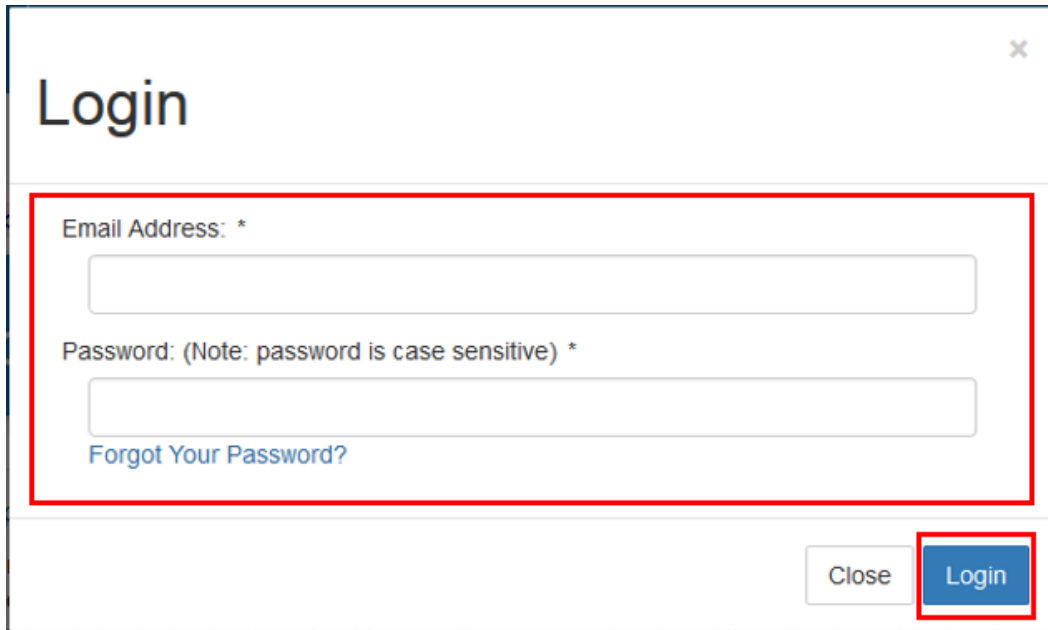
Tags cannabis

**Last Updated:** 10/04/2022

3. Select "Login" to continue.



4. On the Login screen, type in your username/email and password, and click "Login."



## Step 2: View patient account information

1. Continue to Step 3 if you do not want to edit your account information or add caregivers, parents, legal guardians, or a spouse.

Otherwise, on your homepage, click “Edit Personal Information” to update your personal information. To update your address, select “Edit Address Information.”

- To add caregivers, click “Manage” under the Caregivers header.
- To add parents, legal guardians, or a spouse, click “Add” under the Parent/Legal Guardian/Spouse header.

**Patient Home**

If we are unable to answer your call, please leave only one voice mail message and allow us up to 48 hours to respond. Frequently requesting status updates increases our call volume and takes time away from processing applications. Thank you for your patience.  
All completed applications are processed in the order they are received. Statute allows up to 30 days to process applications.

**Quick Links**

- Patient Self-Evaluation
- Certification Information
- Patient Notes
- Registry Verification Document

**Personal Information**

<b>Patient ID</b> P6590143	<b>Patient Status</b> Approved	<b>Enrollment Expiration Date</b> ⓘ 2023-05-20
<b>Patient Name</b> Spencer G Testing	<b>Phone Number</b> (111) 111-1111	<b>Email Address</b> ⓘ May03@omc.com

[Edit Personal Information](#)

**Address Information**

**Residence Address** Same Mailing Address ✓

<b>Address:</b> 123 North St	<b>City:</b> Minneapolis, MN	<b>Zip:</b> 55055
---------------------------------	---------------------------------	----------------------

[Edit Address Information](#)

**Caregivers**

[Manage](#)

Caregiver ID	Full Name	Status
C2191456	David CG	Unregistered

**Parent/Legal Guardian/Spouse**

[Add / View](#)

2. Choose to add or remove a parent, legal guardian, or spouse.

### View Parent/Legal Guardian/Spouse

Name	Email	Spouse	Status
Testing, Spouse from PT	<a href="#">Remove</a> ju.lyomc2016@gmail.com	Yes	Approved
Testing5.13.20, PLG	<a href="#">Remove</a> julyom..c2016@gmail.com	No	Pending

[Add](#) [Cancel](#)

## MANAGING YOUR MEDICAL CANNABIS REGISTRY ACCOUNT

- To add a parent/legal guardian/spouse, fill in the required fields and upload the two requested documents, then click “Add” to submit the form. Once done, the system will direct you back to the main page, and the addition will be reviewed by OMC staff.

### Add Parent/Legal Guardian/Spouse

- If adding a Parent/Legal Guardian/Spouse that already exists in the program, please ensure their information is consistent.
- If adding a parent/legal guardian, upload and attach an electronic copy/image of the parent/legal guardian's State ID or driver's license AND patient's birth certificate or legal documentation of guardianship, adoption or foster care.
- If adding a spouse, upload and attach an electronic copy/image of the spouse's State ID or driver's license AND legal marriage certificate.
- If adding more than one parent/legal guardian/spouse, email address must be different than patient's.

\* indicates a required field

First name *	Middle initial	Last name *	Verification documents *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="+ Choose"/>
Email *	Spouse of the patient		Accepted file types: .jpeg, .jpg, .gif, .tif, .png, .bmp
<input type="text"/>	<input type="checkbox"/>		

- Choose to add or remove a caregiver.

## Manage Caregivers

### Caregivers

Caregivers (1 added)

Full Name	Action
Caregiver Testing Testing	<input type="button" value="Remove"/>

- To add a caregiver, fill in the required fields, then click “Add” to submit the form. The caregiver will receive an email with some additional instructions to complete their enrollment.

## Add Caregiver

Caregiver First Name *	<input type="text"/>
Caregiver Middle Initial	<input type="text"/>
Caregiver Last Name *	<input type="text"/>
Caregiver Email Address *	<input type="text"/>
Caregiver Phone Number *	<input type="text" value="###) ###) #####"/>

## Step 3: Access your Registry verification document

1. From the Patient homepage, click the "Registry Verification Document" under the Quick Links section.

**Patient Home**

If we are unable to answer your call, please leave only one voice mail message and allow us up to 48 hours to respond. Frequently requesting status updates increases our call volume and takes time away from processing applications. Thank you for your patience.  
All completed applications are processed in the order they are received. Statute allows up to 30 days to process applications.

Quick Links	Personal Information
<ul style="list-style-type: none"> <li>Patient Self-Evaluation</li> <li>Certification Information</li> <li>Patient Notes</li> <li><b>Registry Verification Document</b></li> </ul>	<p><b>Patient ID</b> P6590143</p> <p><b>Patient Status</b> Approved</p> <p><b>Enrollment Expiration Date</b> ⓘ 2023-05-20</p> <p><b>Patient Name</b> Spencer G Testing</p> <p><b>Phone Number</b> (111) 111-1111</p> <p><b>Email Address</b> ⓘ May03@omc.com</p> <p><a href="#">Edit Personal Information</a></p>

2. Below is a sample of the verification document you can access from your account.

**Minnesota Medical Cannabis Patient Registry Verification Card - Patient/Parent Legal Guardian**

Patient ID: P8216000    Patient Name: Testing Testing    Patient DOB: 1959-05-08    Enrollment Exp. Date: 2021-08-01

Parent/Legal Guardian Id: G5548121    Parent/Legal Guardian Name: PLGS Testing Testing

**DEPARTMENT OF HEALTH**  
mn.gov/medicalcannabis

This card is for information purposes only and satisfies MN Statute 152.27 Subd. 6e. All authorized individuals that can possess medical cannabis for a specific approved patient will have their name printed on the medical cannabis container label. The office of Medical Cannabis will not confirm or deny participation in the registry without a valid search warrant.

4fb4000f-a414-4da4-af29-d4f1eaae8070

## Step 4: Complete or view Patient Self-Evaluation

1. To complete or view previous Patient Self-Evaluation forms, select "Patient Self-Evaluation" from the Quick Links section.

**Patient Home**

If we are unable to answer your call, please leave only one voice mail message and allow us up to 48 hours to respond. Frequently requesting status updates increases our call volume and takes time away from processing applications. Thank you for your patience.  
All completed applications are processed in the order they are received. Statute allows up to 30 days to process applications.

Quick Links	Personal Information
<ul style="list-style-type: none"> <li><b>Patient Self-Evaluation</b></li> <li>Certification Information</li> <li>Patient Notes</li> <li>Registry Verification Document</li> </ul>	<p><b>Patient ID</b> P6590143</p> <p><b>Patient Status</b> Approved</p> <p><b>Enrollment Expiration Date</b> ⓘ 2023-05-20</p> <p><b>Patient Name</b> Spencer G Testing</p> <p><b>Phone Number</b> (111) 111-1111</p> <p><b>Email Address</b> ⓘ May03@omc.com</p> <p><a href="#">Edit Personal Information</a></p>



## MANAGING YOUR MEDICAL CANNABIS REGISTRY ACCOUNT

2. On the next screen, select “Start Self-Report” to start a new form. Choose “View” to pull up a previous Patient Self-Evaluation form.

### Patient Self-Evaluation

**My Information**

Patient ID	P1493988
Patient First Name	Patient Testing
Patient Last Name	Testing
Patient Status	Approved
Last Report Status	Closed
Last Report Submit Date	06/03/2019

**Prior Patient Self-Evaluation Reports**

[Start Self Report](#)

Patient Name	Status	Approval Date	Approved By	Action
Patient Testing Testing	Closed	Jun 3, 2019 12:46:37 PM	Delia A Scharbach	<a href="#">View</a>
Patient Testing Testing	Closed	Jun 3, 2019 12:39:27 PM	Delia A Scharbach	<a href="#">View</a>

3. When you click “Start Self Report,” you will begin filling out a new evaluation for your next medication pick-up.

### Patient Self-Evaluation

25% Complete

**Measurements**

Height (Feet) *	5
Height (Inches) *	1
Weight (lbs) *	

[Cancel](#) [Save and Exit](#) [Next](#)

4. Click “Add Medical Condition” to enter your medical conditions. Select “Add Medication Usage” to enter your current medications. Click “Next” to proceed.

## MANAGING YOUR MEDICAL CANNABIS REGISTRY ACCOUNT

- Complete all required symptom questions as directed. You cannot submit the form and pick up medication until all questions have been completed.

### Patient Self-Evaluation

75% Complete

#### Required Symptom Questions

For questions below with a scale of 0 to 10, rate how severe the symptom has been in the last 24 hours, unless instructed differently. Check the box/click on the circle below from 0 (symptom has not been present) to 10 (the symptom was as bad as you can imagine it could be) for each item.

General well-being (yesterday) \*  
 Very well  
 Slightly below par  
 Poor  
 Very poor  
 Terrible

Abdominal pain (yesterday) \*  
 None  
 Mild  
 Moderate  
 Severe

Number of liquid or soft stools (yesterday) \*

Your pain at its worst \*  
 0  1  2  3  4  5  6  7  8  9  10

Your fatigue (tiredness) at its worst \*  
 0  1  2  3  4  5  6  7  8  9  10

Your nausea at its worst \*  
 0  1  2  3  4  5  6  7  8  9  10

Your disturbed sleep at its worst \*  
 0  1  2  3  4  5  6  7  8  9  10

Your feelings of anxiety (nervous) at its worst \*  
 0  1  2  3  4  5  6  7  8  9  10

Your problem with lack of appetite at its worst \*  
 0  1  2  3  4  5  6  7  8  9  10

Your feeling sad (depressed) at its worst \*  
 0  1  2  3  4  5  6  7  8  9  10

Your vomiting at its worst \*  
 0  1  2  3  4  5  6  7  8  9  10

What, if any, benefits have you experienced as a result of taking medical cannabis? Please list benefits in order of importance to you:

Previous Cancel Save and Exit **Next**

- Click on “Add Side Effect” to enter side effects related to taking medical cannabis, if any. Select “Submit” to send it to the Medical Cannabis Dispensary, which will be approved at the time of pick up. A validation message will appear at the top of the screen after submission.

### Patient Self-Evaluation

95% Complete

#### Please List Any Side Effects Related to Taking Medical Cannabis

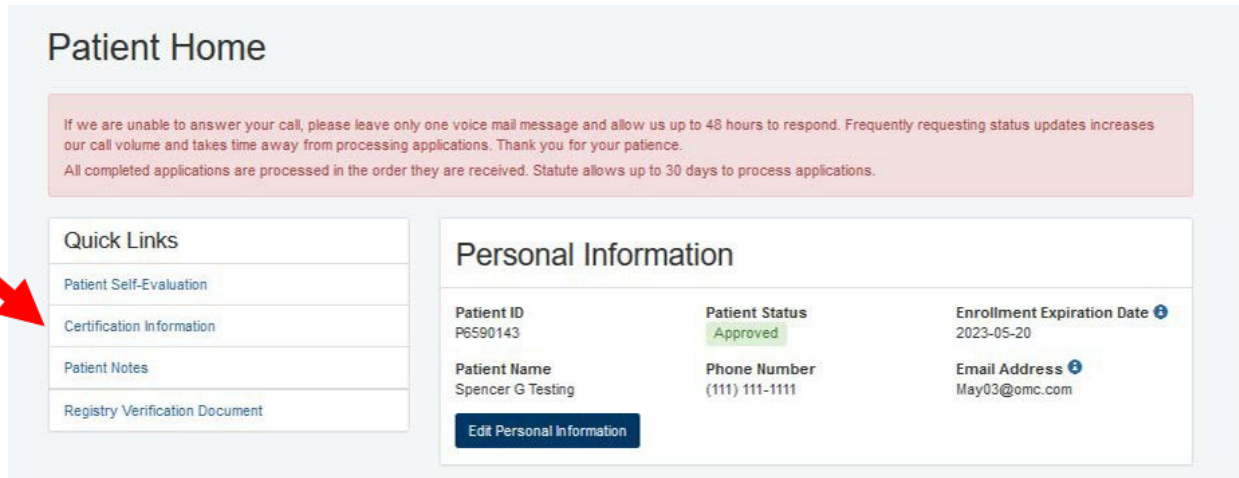
Symptoms	Severity	Comments	Action
----------	----------	----------	--------

Add Side Effect

Previous Cancel Save and Exit **Submit**

## MANAGING YOUR MEDICAL CANNABIS REGISTRY ACCOUNT

- To view your medicine dispensing transactions and certification information including your recent health care practitioner and medical conditions, click on “Certification Information” under the Quick Links section.



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**Quick Links**

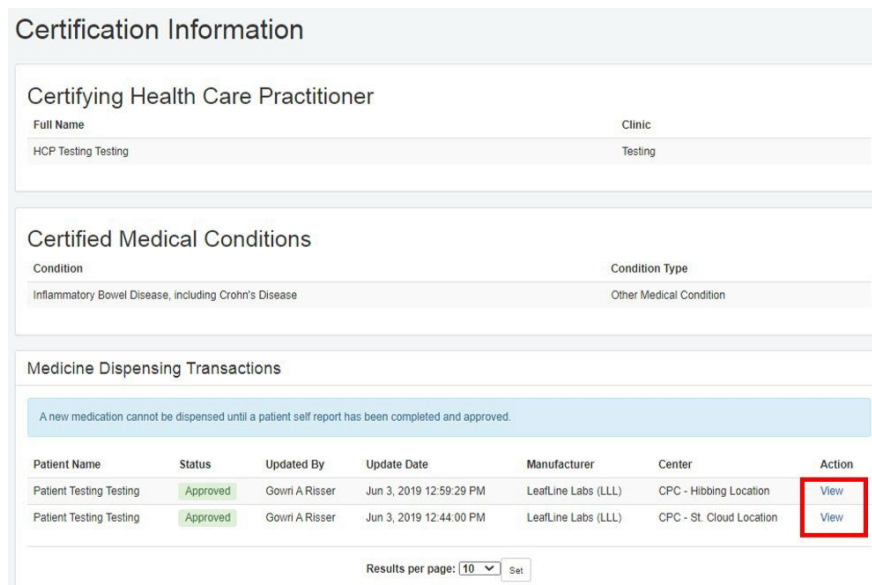
- Patient Self-Evaluation
- Certification Information**
- Patient Notes
- Registry Verification Document

**Personal Information**

<b>Patient ID</b> P6590143	<b>Patient Status</b> Approved	<b>Enrollment Expiration Date</b> 2023-05-20
<b>Patient Name</b> Spencer G Testing	<b>Phone Number</b> (111) 111-1111	<b>Email Address</b> May03@omc.com

[Edit Personal Information](#)

- When you click “Certification Information,” you can review your current certifying provider, medical conditions, and a history of your medication dispensing transactions.



**Certification Information**

**Certifying Health Care Practitioner**

Full Name	Clinic
HCP Testing Testing	Testing

**Certified Medical Conditions**

Condition	Condition Type
Inflammatory Bowel Disease, including Crohn's Disease	Other Medical Condition

**Medicine Dispensing Transactions**

A new medication cannot be dispensed until a patient self report has been completed and approved.

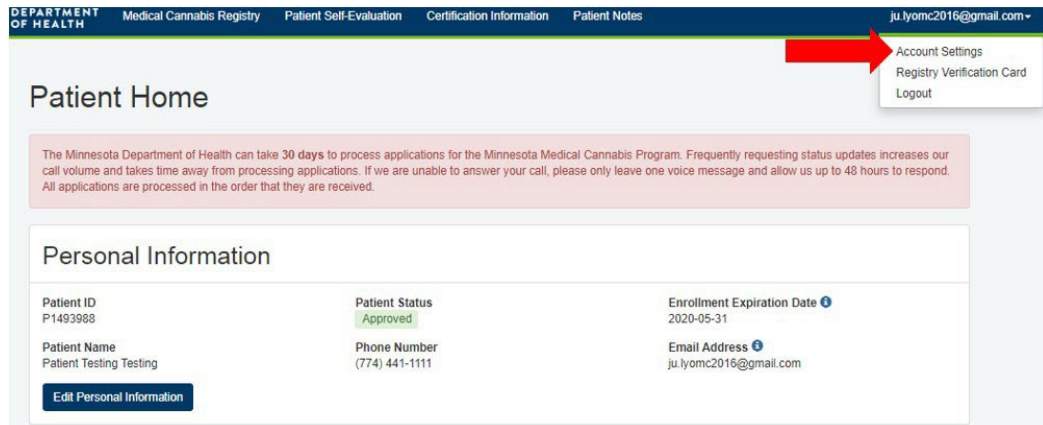
Patient Name	Status	Updated By	Update Date	Manufacturer	Center	Action
Patient Testing Testing	Approved	Gowri A Risser	Jun 3, 2019 12:59:29 PM	LeafLine Labs (LLL)	CPC - Hibbing Location	<a href="#">View</a>
Patient Testing Testing	Approved	Gowri A Risser	Jun 3, 2019 12:44:00 PM	LeafLine Labs (LLL)	CPC - St. Cloud Location	<a href="#">View</a>

Results per page: 10 Set

## Step 5: Edit your account settings

- On the homepage, click on your username/email address on the right-hand corner. Then select “Account Settings” to change password and username/email address. If you do not want to change your account settings at this time, you can logout.

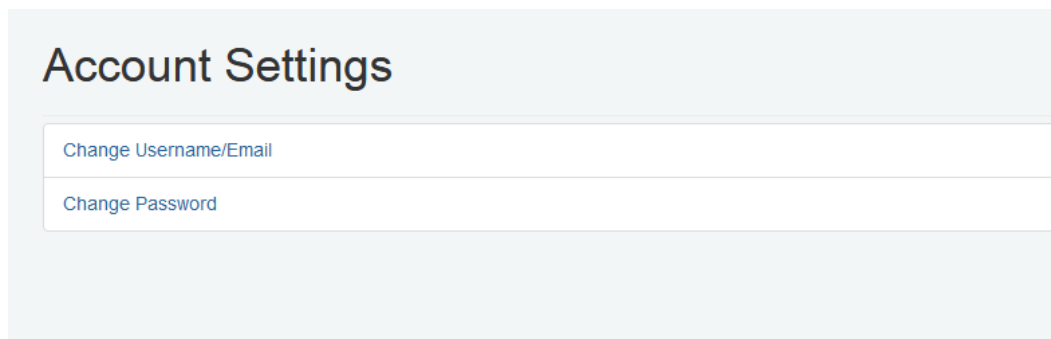
## MANAGING YOUR MEDICAL CANNABIS REGISTRY ACCOUNT



The screenshot shows the 'Patient Home' page. At the top right, the user's email address 'ju.lyomc2016@gmail.com' is displayed. A dropdown menu is open, showing 'Account Settings', 'Registry Verification Card', and 'Logout'. A red arrow points to the 'Logout' option. Below the menu, there is a pink notification box with text about application processing times. The main content area is titled 'Personal Information' and contains a table with patient details.

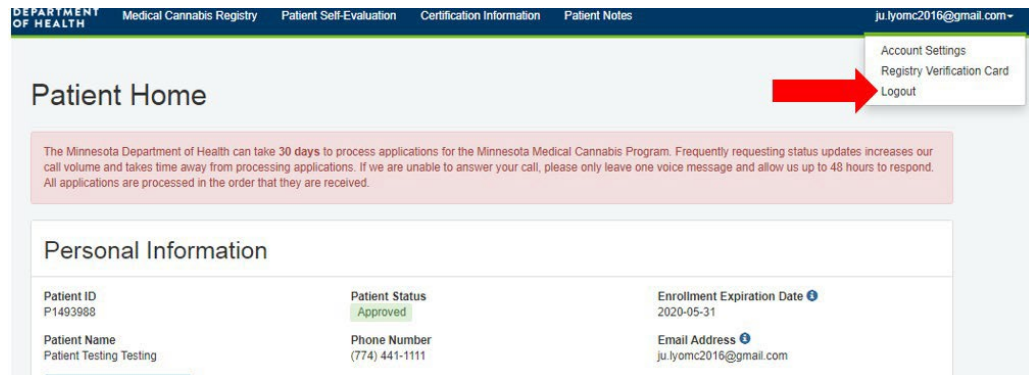
Patient ID	Patient Status	Enrollment Expiration Date
P1493988	Approved	2020-05-31
Patient Name	Phone Number	Email Address
Patient Testing Testing	(774) 441-1111	ju.lyomc2016@gmail.com

[Edit Personal Information](#)



The screenshot shows the 'Account Settings' page. It features two main sections: 'Change Username/Email' and 'Change Password', each with a corresponding input field and a 'Save' button.

2. Select your username/email address on the right-hand corner, and click on “Logout” to log out of your account.



This screenshot is identical to the first one, but with a red arrow pointing specifically to the 'Logout' option in the user menu.