

Referral for Medical Cannabis Assessment

Fax to:
1-888-261-7116

1. Patient Information

FIRST AND LAST NAME _____ HEALTH CARD# (include version code) _____

ADDRESS _____ TELEPHONE _____

CITY / PROVINCE / POSTAL CODE _____ DOB _____

Can a voice message be left at this number to schedule an appointment? YES NO

Patient Caretaker who can be contacted, if applicable: _____

2. Health Information

Primary Complaint: _____

Treatments/Medications Used: _____

Patient Diagnosis and Symptoms: _____

IMPORTANT: Include recent investigation and consultation reports.
PLEASE FAX ALL SUPPORTING DOCUMENTS TO 1-888-261-7116.

A consultation appointment will be scheduled once ALL the requested information has been received and reviewed.

3. Referring Physician Information

FULL NAME _____

ADDRESS _____

BILLING # _____ TELEPHONE _____ FAX _____

SIGNATURE: _____

5. FAX to: 1-888-261-7116

Your patient will be contacted directly to schedule an appointment.
A consultation report will be provided after the appointment.

4. Select a Clinic

- Ontario Clinics:**
- Burlington
 - Collingwood*
 - Etobicoke
 - Guelph
 - Hamilton*
 - Kitchener
 - Kingston
 - London
 - London (South)
 - Markham
 - Ottawa (West)
 - Ottawa
 - Peterborough
 - St. Catharines
 - Sudbury
 - Thunder Bay
 - Toronto
 - Whitby
 - Windsor
- Alberta Clinics:**
- Calgary*
 - Edmonton
 - Edmonton (North)*

*Affiliated Clinics



Tel: 888-256-7043
cannabisclinics.ca