

# Referral for Medical Cannabis Assessment

Fax to:  
1-888-261-7116

## 1. Patient Information

FIRST AND LAST NAME \_\_\_\_\_ HEALTH CARD# (include version code) / K# (if a veteran) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ (HOME#) \_\_\_\_\_ (MOBILE#) \_\_\_\_\_  
CITY / PROVINCE / POSTAL CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_  Message me with my appointment details  
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

### Alberta Clinics:

- Calgary\*  Edmonton (North)\*
- Edmonton  Red Deer

### BC Clinics:

- Surrey  Vancouver\*

### Ontario Clinics:

- Burlington  Mississauga
- Brantford\*  Nepean
- Collingwood\*  Ottawa
- Etobicoke  Peterborough
- Guelph  St. Catharines
- Hamilton\*  Sudbury
- Kitchener  Thunder Bay
- Kingston  Toronto
- London  Whitby
- London (South)  Windsor
- Markham

\*Affiliated clinics



Tel: 888-256-7043  
cannabisclinics.ca