

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