

# Referral for Medical Cannabis Assessment

Fax to:  
905-688-2882  
or 888-261-7116

## 1. Patient Information

FIRST AND LAST NAME

HEALTH CARD# (include version code) / K# (if a veteran)

ADDRESS

(HOME#)

(MOBILE#)

TELEPHONE

Message me with my appointment details

CITY / PROVINCE / POSTAL CODE

Date of Birth (DOB)

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

Email: \_\_\_\_\_ Patient Caretaker who can be contacted, if applicable: \_\_\_\_\_

## 2. Health Information

Primary Complaint:

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Treatments/Medications Used:

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Patient Diagnosis and Symptoms:

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**IMPORTANT:** Include recent investigation and consultation reports.

**PLEASE FAX ALL SUPPORTING DOCUMENTS TO 905-688-2882 OR 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: 905-688-2882 or 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\*       Fort McMurray  
 Edmonton       Medicine Hat  
 Edmonton (North)\*       Red Deer

### BC Clinics:

- Surrey       Vancouver\*

### Ontario Clinics:

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

\*Affiliated clinics



Tel: 888-256-7043  
cannabisclinics.ca