

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:

Treatments/Medications Used:

Patient Diagnosis and Symptoms:

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* Edmonton (North)*
 Edmonton Medicine Hat

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