

Request for Information from Medical Records



FIRST AND LAST NAME

DATE OF BIRTH (month/day/year)

HEALTH CARD # (with version code if applicable)

Province or Territory of Health Care Plan

(HOME#)

(MOBILE#)

K/M/R/UCI #

TELEPHONE

Message me with my appointment details

GENDER (please circle one) Male | Female

EMAIL

ADDRESS

CITY / PROVINCE / POSTAL CODE

I confirm that I am 25 years old or older and as such am permitted to do a self referral

The above named patient is requesting a medical cannabis assessment.

Presenting complaint: _____

Stated condition / diagnosis: _____

I would appreciate receiving any information you have to support or refute this diagnosis, and information detailing previous and current attempts to treat this condition conventionally.

Please include copies of investigation reports, letters from consultants, and other relevant health information.

Consent to Release Medical Information

I hereby authorize, Dr: _____

ADDRESS

TELEPHONE

FAX

to release the above requested information to:

Dr. Barry Waisglass, Medical Director
Central Intake Center, 80 King Street, Unit 2
St. Catharines, ON L2R 7G1
P: 289.273.3851 F: 905-688-2882

Patient signature

Date

Select the Clinic You Will Attend

Ontario Clinics:

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

Alberta Clinics:

- Calgary* Edmonton Edmonton (North) Medicine Hat Fort McMurray Red Deer

BC Clinics:

- Surrey Vancouver* *Affiliated Clinics

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How did you first hear about Canadian Cannabis Clinics?

Attended a Community Info Night hosted by Canadian Cannabis Clinics

If answered yes to the above, please select the clinic from below:

Ontario Clinics:

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

Alberta Clinics:

- Calgary* Edmonton Edmonton (North) Medicine Hat Fort McMurray Red Deer

BC Clinics:

- Surrey Vancouver* *Affiliated Clinics

Attended a consumer trade expo such as Lift or 55+Lifestyle Show

Read an article in print or online about CCC

Visited our website

Attended a presentation on medical cannabis at a patient support group meeting

Attended a presentation on medical cannabis at a community group meeting

Other (please explain): _____

