

Request for Information from Medical Records

FIRST AND LAST NAME	DATE OF BIRTH (MM/DD/YYYY)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
HEALTH CARD# (with version code if applicable)	PROVINCE OR TERRITORY OF HEALTH CARE PLAN	
K/M/R/UCI #	TELEPHONE (HOME#)	(MOBILE#)
ADDRESS	Can a voicemail be left at this number for an appointment? YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> Message me with my appointment details	
CITY / PROVINCE / POSTAL CODE	EMAIL	

I agree to be sent information via email from Canadian Cannabis Clinics. You may unsubscribe at any time by clicking the unsubscribe link at the bottom of our emails.

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 or 888-261-7116 **E:** hello@cannabisclinics.ca

Patient signature: _____ Date: _____

Request for Information from Medical Records

Select the Clinic You Will Attend

Ontario Clinics:

- | | | | | | | |
|---------------------------------------|---------------------------------------|-----------------------------------------|------------------------------------------------------|---------------------------------------|-----------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Amherstburg* | <input type="checkbox"/> Collingwood* | <input type="checkbox"/> Kingston | <input type="checkbox"/> Markham | <input type="checkbox"/> Nepean | <input type="checkbox"/> Scarborough* | <input type="checkbox"/> Toronto (Danforth) |
| <input type="checkbox"/> Brampton* | <input type="checkbox"/> Etobicoke | <input type="checkbox"/> Kitchener | <input type="checkbox"/> Mississauga | <input type="checkbox"/> Ottawa | <input type="checkbox"/> St. Catharines | <input type="checkbox"/> Toronto (Midtown) |
| <input type="checkbox"/> Brantford* | <input type="checkbox"/> Guelph | <input type="checkbox"/> London | <input type="checkbox"/> Mississauga
(Cooksville) | <input type="checkbox"/> Peterborough | <input type="checkbox"/> St. Catharines | <input type="checkbox"/> Whitby |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Hamilton* | <input type="checkbox"/> London (South) | | <input type="checkbox"/> Sarnia* | <input type="checkbox"/> Sudbury | <input type="checkbox"/> Windsor |

Alberta Clinics:

- | | | |
|-----------------------------------|--------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Calgary* | <input type="checkbox"/> Edmonton (North)* | <input type="checkbox"/> Fort McMurray |
| <input type="checkbox"/> Edmonton | <input type="checkbox"/> Edmonton (NW)* | <input type="checkbox"/> Medicine Hat |

Québec Clinics:

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bromont* | <input type="checkbox"/> Saint-Bruno* |
| <input type="checkbox"/> Brossard* | |

BC Clinics:

- | | |
|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Surrey | <input type="checkbox"/> Vancouver* |
|---------------------------------|-------------------------------------|

*Affiliated clinics

Online Appointments – Home Care (ONTARIO ONLY)

- Check this box if you would be interested in having an appointment online via a secure video service.

Have your medical cannabis appointment via our secure video portal from your home or wherever you feel most comfortable for just \$19.99. Only available for Ontario residents.

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:

- | | | | | | | |
|---------------------------------------|---------------------------------------|-----------------------------------------|------------------------------------------------------|---------------------------------------|-----------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Amherstburg* | <input type="checkbox"/> Collingwood* | <input type="checkbox"/> Kingston | <input type="checkbox"/> Markham | <input type="checkbox"/> Nepean | <input type="checkbox"/> Scarborough* | <input type="checkbox"/> Toronto (Danforth) |
| <input type="checkbox"/> Brampton* | <input type="checkbox"/> Etobicoke | <input type="checkbox"/> Kitchener | <input type="checkbox"/> Mississauga | <input type="checkbox"/> Ottawa | <input type="checkbox"/> St. Catharines | <input type="checkbox"/> Toronto (Midtown) |
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(Cooksville) | <input type="checkbox"/> Peterborough | <input type="checkbox"/> St. Catharines | <input type="checkbox"/> Whitby |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Hamilton* | <input type="checkbox"/> London (South) | | <input type="checkbox"/> Sarnia* | <input type="checkbox"/> Sudbury | <input type="checkbox"/> Windsor |

Alberta Clinics:

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| <input type="checkbox"/> Edmonton | <input type="checkbox"/> Edmonton (NW)* | <input type="checkbox"/> Medicine Hat |

Québec Clinics:

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bromont* | <input type="checkbox"/> Saint-Bruno* |
| <input type="checkbox"/> Brossard* | |

BC Clinics:

- | | |
|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Surrey | <input type="checkbox"/> 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): _____

Please send the completed form:

By fax: 905-688-2882 or 888-261-7116

By email: hello@cannabisclinics.ca

In person or by mail (for all clinic locations):

www.cannabisclinics.ca

For more information, please call 1-888-256-7043.

