

Release of 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"/> Text me with my appointment details	
CITY / PROVINCE / POSTAL CODE	EMAIL	
PATIENT CARETAKER WHO CAN BE CONTACTED, IF APPLICABLE.		

Please check the box if you would like to be included in future communication and/or promotions 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. Dave Chaudhary

Central Intake Center, 80 King Street, Unit 2
St. Catharines, ON L2R 7G1

P: 289-273-3851 **F:** 1-888-261-7116 **E:** hello@cannabisclinics.ca

Patient signature: _____ Date: _____

Release of 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"/> Ottawa | <input type="checkbox"/> St. Catharines | <input type="checkbox"/> Toronto (Midtown)* |
| <input type="checkbox"/> Brampton* | <input type="checkbox"/> Etobicoke | <input type="checkbox"/> Kitchener | <input type="checkbox"/> Mississauga | <input type="checkbox"/> Peterborough | <input type="checkbox"/> Sudbury | <input type="checkbox"/> Whitby |
| <input type="checkbox"/> Brantford* | <input type="checkbox"/> Guelph | <input type="checkbox"/> London | <input type="checkbox"/> Nepean | <input type="checkbox"/> Sarnia* | <input type="checkbox"/> Toronto (Danforth) | <input type="checkbox"/> Windsor |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Hamilton* | <input type="checkbox"/> London (South) | | | | |

Alberta Clinics:

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

Québec Clinics:

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

BC Clinics:

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

*Affiliated clinics

Online Appointments – Home Care (ONTARIO ONLY)

- Check this box if the patient would be interested in having an appointment online through a trusted teleconference platform

Medical cannabis consultation using a secure video call platform, accessible from the patient's home or place of choice 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"/> Ottawa | <input type="checkbox"/> St. Catharines | <input type="checkbox"/> Toronto (Midtown)* |
| <input type="checkbox"/> Brampton* | <input type="checkbox"/> Etobicoke | <input type="checkbox"/> Kitchener | <input type="checkbox"/> Mississauga | <input type="checkbox"/> Peterborough | <input type="checkbox"/> Sudbury | <input type="checkbox"/> Whitby |
| <input type="checkbox"/> Brantford* | <input type="checkbox"/> Guelph | <input type="checkbox"/> London | <input type="checkbox"/> Nepean | <input type="checkbox"/> Sarnia* | <input type="checkbox"/> Toronto (Danforth) | <input type="checkbox"/> Windsor |
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Alberta Clinics:

- | | | | |
|-----------------------------------|--|--|---------------------------------------|
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| <input type="checkbox"/> Edmonton | <input type="checkbox"/> Edmonton (NW)* | <input type="checkbox"/> Lloydminster* | |

Québec Clinics:

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

BC Clinics:

- | |
|-------------------------------------|
| <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: 1-888-261-7116

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.

