

Release of Information from Medical Records

Patient Information

First and Last Name	Veteran ID # (if applicable) K	
Health Card # (include version code) or M/R /UCI #	Province or Territory of Health Care Plan	
Address	Date of Birth (YYYY/MM/DD)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
City / Province / Postal Code	Telephone (Home)	(Mobile)
Email <input type="checkbox"/> Send my appointment details by email	Can a voicemail be left at this number for an appointment? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Send my appointment details by text message
Patient Caretaker (to contact, if applicable)		

I confirm that I am 19 years of age or older and as such am permitted to do a self referral.

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.

Consent to Release Medical Information

Presenting Symptoms: (e.g. Pain/Sleep Issues/Tremors) _____

Stated Conditions/Diagnoses: (e.g. Arthritis/Insomnia/Parkinson's Disease) _____

For the attention of the patient's doctor. The above named patient is requesting a medical cannabis assessment.

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.

Please fill in your doctor's information below.

I hereby authorize, Dr: _____

Office 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

☎ 1-289-273-3851 📠 1-888-261-7116 or 1-905-688-2882 ✉ hello@cannabisclinics.ca

Patient Signature: _____ **Date:** _____

Please send the completed form:

By fax at 1-888-261-7116 or 1-905-688-2882

By email at hello@cannabisclinics.ca

In person or by mail (for all clinic locations visit www.cannabisclinics.ca)

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



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Appointment Location

Select a Clinic for Your Appointment

Ontario

- | | | | |
|-------------------------------------|--------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Kitchener | <input type="checkbox"/> Ottawa (Nepean) | <input type="checkbox"/> Whitby |
| <input type="checkbox"/> Guelph | <input type="checkbox"/> London | <input type="checkbox"/> Peterborough | <input type="checkbox"/> Windsor |
| <input type="checkbox"/> Hamilton* | <input type="checkbox"/> Mississauga | <input type="checkbox"/> St. Catharines | |
| <input type="checkbox"/> Kingston | <input type="checkbox"/> Ottawa | | |

Alberta

- | | | |
|-----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Calgary* | <input type="checkbox"/> Edmonton | <input type="checkbox"/> Medicine Hat |
|-----------------------------------|-----------------------------------|---------------------------------------|

*Affiliated clinics

OR

Virtual Appointment Service

Virtual appointments are conducted through a secure and private video call with a healthcare practitioner and medical cannabis educator. *Currently available in all provinces and territories except Quebec.*

- Check this box if you would prefer to have a virtual appointment.

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