

# Referral for Medical Cannabis Assessment

Fax completed form to:  
1-888-261-7116 or 1-905-688-2882

## 1. Patient Information

|   |  |  |
|---|--|--|
| First and Last Name   | Veteran ID # (if applicable)<br>K  |  |
| Health Card # (include version code) or M/R/UCI #                   | Date of Birth (YYYY/MM/DD)   | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address   | Telephone (Home) (Mobile)  |  |
| City / Province / Postal Code                                       | 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 |  |
| Email <input type="checkbox"/> Send my appointment details by email | Patient Caretaker (to contact, if applicable)  |  |

## 2. Health Information

Presenting Symptoms (e.g. Pain/Sleep Issues/Spasms)

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Treatments/Medications Used

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Stated Conditions/Diagnoses (e.g. Arthritis/Insomnia/MS)

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**IMPORTANT:** Include recent investigation and consultation reports.

Please fax all supporting documents to **1-888-261-7116** or **1-905-688-2882**.

A consultation appointment will be scheduled and communicated once ALL the requested information has been received and reviewed. The referring healthcare provider will receive an acknowledgement of referral and information on the scheduled appointment date.

## 3. Referring Healthcare Provider Information

Full Name \_\_\_\_\_

Office Address \_\_\_\_\_

Billing # (if applicable) \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Referring Healthcare Provider Signature \_\_\_\_\_

## 4. Fax Completed Form

Fax to **1-888-261-7116** or **1-905-688-2882**.

Your patient will be contacted directly to schedule an appointment. A consultation report will be provided after the appointment.

### Services Available Nationwide

Canadian Cannabis Clinics offers telephone, video call, and in-clinic appointments to patients across Canada.