



# Physician Referral Form

Toll Free Phone: 1-888-282-7763

Toll Free Fax: 1-844-320-9652

[www.canabomedicalclinic.com](http://www.canabomedicalclinic.com)

### Patient Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Health Card # \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
 Email (required): \_\_\_\_\_

### Referral to Service:

- Assess suitability for Medical Cannabis  Other \_\_\_\_\_
- YES  NO Is patient taking anti-coagulants?  
 YES  NO Is the patient pregnant, or trying to become pregnant?  
 YES  NO Does the patient have a significant communicable disease? (HIV, Hepatitis, ect.)  
 YES  NO Does the patient have untreated substance abuse/addiction?

### Systemic/Other:

- Chronic Pain: iatrogenic, operative, post traumatic  Cancer (specify) \_\_\_\_\_  
 Immunological condition (specify) \_\_\_\_\_  Osteoarthritis  
 Inflammatory Polyarthropathy (RA, Gout, other arthritis)  Spondyloarthropathy  
 Neurodegenerative disease (specify) \_\_\_\_\_  Fibromyalgia  
 Has the patient been assessed by a Pain Specialist, Neurologist, Rheumatologist or Oncologist  Neuropathic Pain  
 Other: \_\_\_\_\_

### Mental Health:

- Anxiety/Depression  PTSD  Sleep Disorder  
 Has the Patient been assessed by a Psychiatrist, GP/Psychotherapist or Clinical Psychologist?

### Current Medications:

\_\_\_\_\_

### Medications tried for current condition:

\_\_\_\_\_

### Physician Information:

Are you a member of a FHO/FHN/FHT? (Ontario Physicians ONLY)  YES  NO

Referring Physician or Nurse Practitioner: \_\_\_\_\_ (Please Print)

Referring Physician Designation:  FRCPSC  FRCPC  CCFP  Other: \_\_\_\_\_

Referring Physician/Nurse Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Billing# \_\_\_\_\_

### Please select a clinic location: Telemedicine

- Calgary, AB  Edmonton, AB  Barrie, ON  Bracebridge, ON  Hamilton, ON  
 Kingston, ON  London, ON  Ottawa, ON  Brampton, ON  Vaughan, ON  
 Toronto, ON  Oakville, ON  St. John's, NL  Halifax, NS  Sackville, NB

**Please attach any relevant medical history, all pertinent scans/imaging and any pertinent consults from other physicians or specialists. Patients will NOT be seen without this information.**