



# REFERRAL FOR ASSESSMENT

Phone: 1 (844) 974-1150  
Fax: 1 (888) 974-1149  
Email: info@cannabisdocs.ca  
Web: www.cannabisdocs.ca

Fax To: 1 (888) 974-1149 for appointments in Ontario

Please choose location:

- Toronto, ON** 1366 Yonge Street, Suite 208
- Niagara Falls, ON** 4685 Queen Street
- Hamilton, ON** 460 Main Street East, Suite M1
- Oshawa, ON** 113 King Street East, 3rd Floor
- Comox, BC** 2-3322 Comox Road\*

*\*For quicker service, we ask that BC patients please fax (844) 602-4589 and email bcinfo@cannabisdocs.ca*

Please send all relevant medical records including recent consultations with specialists and diagnostic imaging reports. Appropriate candidates for assessment must have tried other treatments/medications. Patients will not be booked until all supporting documents have been received.

As medical cannabis is not covered under the Ontario Drug Benefit Plan, most patients are required to pay out of pocket for their medication.

## PATIENT INFORMATION

Patient Full Name: \_\_\_\_\_ Gender: M  F

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Health Card Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Daytime) \_\_\_\_\_ (Evening)

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Check if Rostered Patient (Part of FHN/FHO/FHG):

How did you hear about us? \_\_\_\_\_

## MEDICAL INFORMATION

Diagnosis/Symptoms and Duration: \_\_\_\_\_

\_\_\_\_\_

Current Treatments and Medications: \_\_\_\_\_

\_\_\_\_\_

Previous Treatments and Medications: \_\_\_\_\_

\_\_\_\_\_

Diagnostic Imaging/Consultations with Specialists/Additional Information: \_\_\_\_\_

\_\_\_\_\_

Check if Patient Has the Following:      Bi-Polar Disorder       Schizophrenia       Unstable Cardiac Disease

## REFERRING PHYSICIAN / REFERRAL SOURCE

Name: \_\_\_\_\_ Billing Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Signature: \_\_\_\_\_