



www.mdcannabisclinic.com

info@mdcannabisclinic.com

MD Cannabis Clinic Specializes in Patients with Complex Care Needs

MEDICAL CANNABIS REFERRAL FORM

MD CANNABIS CLINIC 4140 6th Street NE, Unit 104 Calgary AB T2E 8C8 T: 403-276-2777 F: 403-266-3828	DATE: _____ REFERRED BY: _____ BILLING # _____ PHONE: _____ FAX: _____ EMAIL: _____
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REFERRAL PATIENT INFORMATION

PATIENT NAME: _____
DATE OF BIRTH (D/M/YR) _____ HEALTH CARD # _____
PATIENT ADDRESS: _____
CITY: _____ PROVINCE: _____
PHONE: _____ EMAIL: _____

DIAGNOSIS: <ul style="list-style-type: none"><input type="checkbox"/> Chronic pain (i.e. Osteoarthritis, Headache, CPSA, Fibromyalgia, Herniated disc, Post-herpetic neuralgia, etc.)<input type="checkbox"/> Inflammatory diseases (i.e. Colitis, IBS, RA, AS, etc.)<input type="checkbox"/> Cancer<input type="checkbox"/> Sleep disorders<input type="checkbox"/> Neurological disorders (i.e. MS, ALS, Tourette syndrome, Parkinson's disease, Alzheimer's disease, etc.)<input type="checkbox"/> Mental health (i.e. anxiety disorders, PTSD, OCD, etc.)<input type="checkbox"/> Women's health (i.e. Dysmenorrhea, PMS, endometriosis, chronic pelvic pain, etc.)<input type="checkbox"/> Geriatric<input type="checkbox"/> Other: _____	CONTRAINDICATIONS/CAUTIONS: <ul style="list-style-type: none"><input type="checkbox"/> Under 18 years old (must be 18)<input type="checkbox"/> Breastfeeding and/or Pregnant<input type="checkbox"/> Schizophrenia/Bipolar/Psychosis (must provide letter from Psychiatrist)<input type="checkbox"/> Unstable cardiovascular disease
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* The patient will be contacted directly by MD Cannabis Clinic to book an appointment, we will provide a Referral Consult Letter with treatment plan to the Referring Physician/Allied Health professional promptly after the Initial Consult.



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Physician/Referral Comments:

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