

Please indicate patient's preferred location:

7600 Weston Road, Unit 55 Woodbridge, ON, L4L 8B7
Phone: (289) 371-3500 • Toll-Free: 1 (855) 371-3500
Fax: (289) 371-3399

90 Resolution Drive, Unit 2, Brampton, ON, L6W 0A7
Phone: (416) 883-3877 • Toll-Free: 1 (855) 854-7325
Fax: 1 (855) 320-2591

Medical Marijuana Assessment Referral Form

Patient name: _____

Patient address: _____

Date of birth: _____

Health card #: _____

Home/cell phone: _____ / _____

Patient Enrollment Model Physicians - Check this Box for Consult by Specialist

Patients with the following conditions and or symptoms may be referred for assessment:

- Nausea and vomiting (chemotherapy and non-chemotherapy associated)
- Wasting syndrome and loss of appetite in AIDS and cancer patients (stimulate appetite and produce weight gain)
- Anorexia nervosa
- Multiple sclerosis, amyotrophic lateral sclerosis, spinal cord injury
- Epilepsy and seizures
- Acute pain (acute or post-operative pain)
- Chronic pain (neuropathic or chronic non-cancer)
- Cancer pain
- Headache and migraine
- Musculoskeletal disorders e.g. osteoarthritis, fibromyalgia, rheumatoid arthritis, osteoporosis
- Movement disorders e.g. dystonia, Huntington's and Parkinson's diseases, Tourette's syndrome
- Psychiatric disorders (**except schizophrenia**) e.g. anxiety and depression, sleep disorders, post-traumatic stress disorders, alcohol and opioid withdrawal symptoms
- Alzheimer's disease and dementia
- Inflammatory skin diseases
- Gastrointestinal system disorders e.g. irritable bowel syndrome, inflammatory bowel diseases, diseases of the liver, metabolic syndrome, obesity, diabetes, diseases of the pancreas

Reason for Referral (required):

Name of Referring MD: _____

Signature of referring MD: _____

Referring MD billing #: _____

Date of Referral: _____

***** Please attach all relevant images, test results and consults, if applicable. *****