



## MEDICAL CANNABIS ASSESSMENT: Patient Referral Form

Fax Form to: 416-335-7796

Phone: 1-844-852-2500

### Reason for Referral and Diagnosis

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Chronic Pain    | <input type="checkbox"/> Fibromyalgia       | <input type="checkbox"/> Anxiety         | <input type="checkbox"/> Sleep Disorder     |
| <input type="checkbox"/> Colitis/Crohn's | <input type="checkbox"/> PTSD               | <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Cancer (type)_____ |
| <input type="checkbox"/> Seizures        | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Arthritis       | <input type="checkbox"/> Other_____         |

### Patient Information

Name:	patName	Date of Birth:	patBirthdate.yyyysmmsdd
Address	patAddressLabel	OHIP #	patHN ...sionCode
		Phone No:	patHomePhone.default

### Referral Physician Information

Name:	patMdName		
Address:	patMdAddrLabel		
Phone No and Fax No:	currMdPhone.default	currMdFax.default	
Billing Number:	currMdPhysNum		
Signature:	Date: currentDate.yyyysmmsdd		

- Please include any relevant medical documentation with referral form, including investigations, consult reports, and medication lists

### VHC Locations:

Mississauga | 7064 Airport Road, ON L4T 2G8 • Tel. 416-487-3885  
Scarborough | 9 Progress Avenue, Unit 1A, ON M1P 5A4 • Tel. 647-725-9650  
Thornhill | 267 Bay Thorn Drive, ON L3T 3V8 • Tel. 905-762-0404  
North Bay | 41 Lakeshore Drive, ON P1A 2A1 • Tel. 1-844-852-2500  
Innisfil | 1070 Innisfil Beach Rd. ON L9S 4T9 • 1-844-852-2500  
Hamilton | 293 Barton St. East, ON L8L 2X4 • Tel. 1-844-852-2500



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