



PHONE: 1-844-643-6032 | FAX: 1-403-475-1129 | EMAIL: ADMIN@CANHEAL.CA

REFERRAL FOR CONSULT TO ASSESS SUITABILITY FOR CANNABIS THERAPY

PATIENT INFORMATION (PLEASE PRINT OR AFFIX LABEL)

Name:
Date of Birth:
Home/cell number:
Address:
PHN:
Email:

PRIMARY DIAGNOSIS AND PHYSICIAN COMMENTS (PLEASE ATTACH PERTINENT MEDICAL RECORDS)

CONVENTIONAL TREATMENTS HAVE BEEN TRIED

Yes No

PLEASE INDICATE A HISTORY OR PRESENCE OF:

- Active or unstable cardiovascular disease
- Uncontrolled hypertension
- Pregnancy (or trying to get pregnant)
- Psychotic disorder (including schizophrenia)
- Problematic substance or dependence
- Asthma/COPD

PREVIOUS CANNABINOID USE:

- Nabilone
- Sativex
- Medical Cannabis
- None

REASON FOR ASSESSMENT

- Chronic Pain Condition
- Auto-Immune Disease
- Mental Health Condition
- Gastro-Intestinal Disorder
- Seizure Disorder
- Cancer
- Sleep Apnea
- Other (please specify):

CURRENT AND PREVIOUS TREATMENTS AND MEDICATIONS FOR PRIMARY DIAGNOSIS

CLINIC AND REFERRING PHYSICIAN (PLEASE PRINT OR STAMP)

Clinic Name:
Clinic Phone:
Clinic Fax:
Referring Doctor (please print):

Signature: _____

Please note that there is no cost to the patient for this service. We will contact the patient to book the appointment. Please see reverse for additional information.

All medical cannabinoid consults include: education for the patient, interpretation of patient qualification and recommendations.

**Please provide copy of all medical records pertaining to and supporting main diagnosis, including medication history (updated cumulative patient profile is acceptable), recent investigations and consultation reports, diagnostic imaging reports, and prior treatments.*

We are unable to accept any referrals without this information.

A consultation appointment will be scheduled once all the requested information has been received and reviewed.

If the patient is unable to keep their appointment, they should call our office at 1-844-932-3627 as soon as possible. The CanHeal Clinic respectfully requests at least 24 hours' notice for cancellations.

If your office/clinic requires more Requisition Pads and/or Patient Information Sheets, please call our office at 1-844-643-6032, email us at admin@canheal.ca, or download additional copies at www.canheal.ca.

PATIENTS WITH THE FOLLOWING CONDITIONS AND/OR SYMPTOMS MAY BE REFERRED FOR ASSESSMENT

Please note that this is not an extensive list. If you feel that your patient might benefit from cannabinoid therapy please refer for consultation.

SYMPTOMS

Severe Nausea and Vomiting	Inflammation (skin, joints, muscles, intestines, etc.)
Muscle Spasms, Spasticity	Severe weight loss/lack of appetite
Chronic Pain	Palliative Care
Low Mood, Depression and Anxiety	Neurodegeneration/Neuropathy

- Alzheimer's Disease and Dementia
- Amyotrophic Lateral Sclerosis
- Anorexia Nervosa, Anorexia Cachexia
- Anxiety
- Depression
- Epilepsy and Seizure Disorders
- Glaucoma
- Huntington's Disease
- Mental Health Disorders
- Migraines
- Multiple Sclerosis
- Neurofibromitosis
- Parkinson's Disease
- Peripheral Neuropathy
- Post-Traumatic Stress Disorder
- Sleep Apnea
- Sleep Disorders/Insomnia
- Tourette's Syndrome
- Traumatic Brain Injury
- Trigeminal Neuralgia

- Cancer
- Chronic Pain
- Complex Regional Pain Syndrome
- Diabetes
- Fibromyalgia
- HIV/AIDS
- Inflammatory Skin Diseases
- Lupus
- Muscular Dystrophy
- Movement Disorders
- Osteoarthritis
- Phantom Pain
- Rheumatoid Arthritis
- Sickle Cell Disease
- Spinal Cord Injury/Disease
- Wasting Syndrome

- Crohn's Disease
- Hepatitis C
- Irritable Bowel Syndrome
- Ulcerative Colitis

VISIT WWW.CANHEAL.CA FOR MORE INFORMATION