White Cedar™
MEDICAL CANNABIS DOCTORS

REFERRAL FOR ASSESSMENT

Fax To: 1 (888) 974-1149

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

Please choose a location:

- ☐ **Toronto, ON** 1366 Yonge Street, Suite 208
- ☐ **Woodbridge, ON** 8333 Weston Road, Suite 202
- ☐ **Niagara Falls, ON** 4685 Queen Street
- ☐ **Brantford, ON** 347 Colborne Street
- ☐ **Kingston, ON** 105 Sutherland Drive

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

PATIENT INFORMATION

Patient Full Name: _____ Gender: M ☐ F ☐

DOB (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

Name: _____ Stamp:

Billing Number: _____

Phone: _____ Fax: _____

Address: _____

Signature: _____

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