



MEDICAL CANNABIS ASSESSMENT: PATIENT REFERRAL FORM

SOLACE HEALTH NETWORK

PATIENT INFO

Gender: Male Female Other

First Name: _____ Last Name: _____

Date of Birth: (dd/mm/yy) _____ Email: _____

Phone: _____ Can a voice message be left at this number? Yes No

Address: _____ Suite No.: _____

City: _____ Province: _____ Postal Code: _____

Health Card # (with Version Code) _____ Caregiver Name: (if applicable) _____

REASON FOR REFERRAL & DIAGNOSIS

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Colitis/Crohn's | <input type="checkbox"/> Migraines | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Depression | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Sleep Disorder |
| <input type="checkbox"/> Chronic Pain
(post traumatic, operative, iatrogenic) | <input type="checkbox"/> Other _____ | | |

BRIEF HISTORY FOR REFERRING CONDITION (I.E. PREVIOUS MEDS/INTERVENTIONS TRIED)

POTENTIAL CONTRAINDICATIONS

- | | |
|---|--|
| <input type="checkbox"/> Unstable Heart Disease | <input type="checkbox"/> Psychosis or Strong Family History of Psychosis |
| <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Untreated Substance Abuse/Addiction |
| <input type="checkbox"/> Pregnant or Trying to Get Pregnant | |

REFERRING PHYSICIAN INFORMATION

FRCPSC FRCPC CCFP Other NP

First Name: _____ Last Name: _____

Billing Number: _____ Phone: _____ Fax: _____

Address: _____ Email: _____

Physician's Signature _____ Date: (dd/mm/yy) _____

Please include all relevant medical documentation with referral form, including evaluations, consult reports, and medication lists.

FOR CLINIC USE ONLY:

- This patient has been scheduled for: _____
- Unable to reach patient after contacting them three times This patient is currently not eligible for medical cannabis