



To book an appointment please contact us at [1-844-429-6074](tel:1-844-429-6074)  
 Fax number: [1-855-850-3353](tel:1-855-850-3353)

**Please note a patient may be refused if the referred patient fits the below criteria:**

- Under the age of 18
- Current or past cannabis use disorder
- Pregnant, planning to become pregnant, or breastfeeding
- Personal history or strong family history of psychosis
- Active substance use disorder

**It is important to notify your patient that the only legal way to access medical cannabis in Canada, as per the Access to Cannabis for Medical Purposes Regulations, will be through a Health Canada approved Licensed Producer, and they will not be permitted to purchase from illegal storefronts or dispensaries. THC does track purchasing history for medical purposes.**

**TRAUMA HEALING CENTERS – REFERRAL FORM**

**PATIENT INFORMATION**

Name:			Birth date (MM/DD/YYYY):	
	Mr. Mrs.	Miss Ms.		Sex:
Address:		Health no.:	Home phone no.:	
P.O. box:	City:	Province:	Postal Code:	
E-mail Address:				

**REFERRING PHYSICIAN**

Name:		Phone no.:	Best Time to call:
Address:		Fax no.:	
		E-mail:	
		P.O. box:	City:
Urgency of Referral:		Type of Consultation Requested:	

**Physician Signature:**

**Date:**

**CLINICAL INFORMATION**

**Reason for referral / Expected outcome** (ie. assessment, investigation, treatment, second opinion):

**Diagnosis:** (Confirmed Provisional Not yet diagnosed)

**History of presenting complaint / examination findings / investigation results:**

**Past Medical History / Problem List:**

**Current and recent medication** (including OTC):

**Clinical Warnings** (allergies, blood-borne diseases, other risk factors):

**Special Considerations / other relevant information** (psychosocial, special needs, language issues):

Thank you for this consultation.