



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:	
		Postal Code:	
P.O. box:	City:	Province:	Postal Code:
Urgency of Referral:		Type of Consultation Requested:	

Physician Signature:

Date:

CLINICAL INFORMATION

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

Worker's Compensation? YES _____ or NO _____

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.