Thunder Bay Regional
Medical Cannabis Clinic

REFERRAL FORM

FOR PATIENTS SEEKING MEDICAL CANNABIS

1136 Alloy Dr Suite 3, Thunder Bay ON, P7B 6M9
P: 1-807-476-0696 F: 1-855-860-9219 E: info@tbrmcc.ca

Thunder Bay Regional Medical Cannabis Clinic (TBRMCC) works alongside and in conjunction with the leading experts in the medical cannabis industry. We advance our knowledge daily, through our collaboration of peers, continuous education and accredited seminars. Our focus here at TBRMCC is to assist patients and their families by expanding the understanding and the science of cannabis in order to offer our patients the most comprehensive and evidenced based therapy and outcomes.

Our focus is education so that we can ensure our patients are receiving the proper cannabis regimen based on their symptoms and/or medical diagnosis.

Patient Name: _____ Phone Number: _____

Address: _____

Health Card Number: _____ Date of Birth: _____

Referring Doctor: _____ Date: _____

Address: _____

Phone Number: _____ Fax Number: _____

Billing Number: _____ Signature: _____

PATIENT MEDICAL HISTORY - PLEASE ATTACH ALL RELEVANT MEDICAL RECORDS - CHECK ALL THAT APPLY

- ☐ ADD/ADHD
- ☐ Alzheimer's Disease
- ☐ Anxiety
- ☐ Arthritis
- ☐ Back and/or Neck Problem
- ☐ Cancer
- ☐ Chronic Pain
- ☐ Colitis
- ☐ Crohn's Disease
- ☐ Eating Disorders
- ☐ Epilepsy/Seizures
- ☐ G.I. Disorders
- ☐ Head and/or Brain Injury
- ☐ Hepatitis
- ☐ HIV/AIDS
- ☐ IBS
- ☐ Migraines
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Nausea
- ☐ Parkinson's Disease
- ☐ PTSD
- ☐ Sleep Disorders
- ☐ Spinal Injury/Disease

☐ Other: _____

CURRENT MEDICATIONS/TREATMENTS:

_____

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_____

OTHER RELEVANT HEALTH INFORMATION:

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_____

FAX TO: 1-855-860-9219 YOUR PATIENT WILL BE CONTACTED DIRECTLY