



Questions?
Email: info@canadahouse.ca
Phone: 1-844-852-0020

Cannabinoid Therapy Referral Form

Please provide the patient with a completed copy of this document.

Date (DD/Mon/YYYY): _____

Attention: Psychosis is a contraindication for cannabinoid therapy. Patients featuring signs and/or symptoms of bipolar disorder, schizophrenia, and depression with psychotic features should not be referred.

Patient Information

Patient Name: _____

Is this patient a veteran? Yes No

English French

Date of Birth (DD/Mon/YYYY): _____

Gender: M F Prefer not to say Preferred Method of Contact: Phone Email

Health Card #: _____ Email Address: _____

Address: _____ Phone Number: _____

City: _____ Postal Code: _____

Referral Information

Referring Healthcare Provider: _____

Practice Identification #: _____

Clinic Address: _____

Clinic Telephone: _____ Clinic Fax: _____

Referring Healthcare Provider's Signature: _____

Clinical Information

Diagnosis: _____

Current Medications: _____

Please fax this referral form to: 1-833-244-1837

Issued on 17Sept2021



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Canada House Clinics

Attn: Healthcare Providers and Referral Coordinators

Canada House Clinics physician specialists and (LPN/RN) Cannabinoid Therapy Educators (CTEs) deliver cannabinoid therapy services to patients by working collaboratively with their referring healthcare provider.

Our CTEs provide thorough 30–60 minute intake, consultation and education appointments. Patients are provided with evidence-based treatment protocols before meeting with a physician specialist.

The patient's referring healthcare provider will receive by fax the grams per day prescribed, the period of use, and the contact information of the clinic and physician specialist.

Canada House Clinics will manage the administrative burden and risk by collecting the required releases, consents, treatment agreements and Licensed Producer registrations.

Provide your patients with access to professional cannabinoid therapy services that deliver ongoing monitoring, follow-up and support.

Attached is our Referral Form

For more information, please visit www.canadahouseclinics.ca or call us at 1-844-852-0020

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