



Referral - Medical Cannabis Assessment

Fax to 1-833-228-4990 (or info@greenzonetherapy.com)

Health Care Practitioner Information and Consultation Address

FIRST NAME (Given)		SURNAME	
HEALTH CARD # (include version code)/K# (if veteran)			
PATIENT ADDRESS			
CITY	PROVINCE	POSTAL CODE	
PATIENT PHONE NUMBER		PATIENT DOB	

Follow up instructions:

Can a voice message be left at this number to schedule an appointment? YES NO

Patient Caretaker who can be contacted, if applicable:

Health Information

PRIMARY COMPLIANT

TREATMENT/MEDICATION USED:

PATIENT DIAGNOSIS AND SYMPTOMS

Does the patient have any UNCONTROLLED mania, schizophrenia, depression, using sedatives/hypnotics/other psychoactive drugs? YES NO

IMPORTANT: Fax recent investigation & consultation reports to 1-833-228-4990

Referring Physician Information

FULL NAME	BILLING #
TELEPHONE	FAX
Physician Signature	Date

Your patient will be contacted directly to schedule an appointment.
A consultation report will be provided after the appointment.

Forms can be sent via email or fax



info@greenzonetherapy.com



1-833-228-4990

Any Questions



1-833-692-2677



www.greenzonetherapy.com