



MMC is a boutique clinic that specializes in patient care and education for medical cannabis.

Our Secure Fax for your patient referral: 1-844-633-6422

Is this an active MVA patient?

Yes No

REFERRAL FORM

Patient's Name: _____ DOB: _____ Gender: _____
MM/DD/YYYY

Patient's Address: _____ Phone: _____

Health Card #: _____ Health Card Expiry: _____
MM/DD/YYYY

E-mail: _____ Date: _____
MM/DD/YYYY

Is the patient a veteran? Y N Is the patient an active MVA? Y N

Reason for Assessment: Pain Anxiety Sleep Depression Cancer Fibromyalgia PTSD Other

Current medical conditions (please provide a copy of medical records, including consults + prior treatments and list any current medication)

- History of Bipolar
- History of Schizophrenia
- History of Psychosis

REFERRING HEALTHCARE PROFESSIONAL

Healthcare Professional name (print) _____ Healthcare Professional signature _____ Date of Referral _____

Healthcare Professional phone: _____ Fax: _____

Address: _____ E-mail: _____