SANTÉ CANNABIS

Montréal
Pointe-Claire
Sherbrooke

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# PATIENT SELF-REFERRAL FORM

**CLOSEST CLINIC:** ☐ Montréal ☐ Pointe-Claire ☐ Sherbrooke ☐ I live more than 100km away from listed clinics

## PATIENT INFORMATION

**First Name:** _____ **RAMQ Number:** _____

**Last Name:** _____ **Expiration Date:** _____

**Pronoun:** ☐ He ☐ She ☐ They ☐ Other: _____ **Date of Birth:** _____

**Address:** _____ **Phone:** _____

**City:** _____ **Email:** _____

**Province:** _____ **Postal Code:** _____ **Caregiver's Name:** _____

## GENERAL MEDICAL INFORMATION

**Name of your family doctor/specialist/specialized nurse practitioner:** _____ ☐ No family doctor

**Name of clinic or hospital center:** _____

**Main medical diagnosis:** _____

**Main symptom/reason for consultation:** _____

**Other diagnoses and health problems:** _____

**Recent stay at the hospital** (last 5 years): _____

## RELEVANT MEDICAL INFORMATION CHECK ALL THAT APPLIES TO YOU:

☐ **Schizophrenia or psychosis** *if yes,* ☐ Currently ☐ Previously
☐ **Type 1 bipolarity**
☐ **Pregnant, breastfeeding, or planning to get pregnant soon**
☐ **Cancer immunotherapy, in the past 6 months or in upcoming months**
☐ **Taking blood thinners**
☐ **Severe renal problem**
☐ **Severe liver problem** *Details:* _____
☐ **High blood pressure, not medically controlled**
☐ **Heart diseases** *if yes,* ☐ Arrythmia ☐ Atrial Fibrillation ☐ Cerebrovascular Accident (CVA) ☐ Transient Ischemic Attack (mini CVA) ☐ Other(s): _____
☐ **Drug dependence** (alcohol, drugs) *if yes,* ☐ Currently ☐ Previously
*Details:* _____

## MEDICAL DOCUMENTS TO ADD TO YOUR REFERRAL *Please attach all documents relevant to your health condition to your file.

*An incomplete file can delay the processing of your referral.*

☐ **Medical summary, consultation notes** ☐ **Medication lists** (active and last 3 years) ☐ **Medical imagery/radiology** (if applicable) ☐ **Psychologic/psychiatric report** (if applicable)

## ATTESTATION

*By signing below, I confirm that the information provided are true and accurate.*

**First Name:** _____ **Last Name:** _____

**Signature:** _____ **Date:** _____