



**ELEMENTS**

MEDICAL COLLECTIVE

Physician-guided virtual care across Ontario

SUBMIT REFERRALS BY FAX

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elementsmedical.ca

# Medical Cannabis Assessment

## Referral Form

For physician and nurse practitioner referrals. Complete required sections to prevent scheduling delays.

PLEASE ATTACH IF AVAILABLE

CPP - medication list - relevant notes

Incomplete referrals may delay booking.

Referral-based virtual clinic

Ontario patients

Eligibility determined after assessment

### 1 PATIENT INFORMATION

Legal patient name \*

Date of birth \*

DD/MM/YYYY

Gender / sex

Male

Female

Other

Health card number (OHIP) \*

Version code

Street address

City

Province

Postal code

Primary phone \*

Alternate phone

Email address \*

required for virtual clinic

Okay to leave voicemail

Patient aware referral was sent

Clinic will contact patient after referral review.

### 2 REFERRING CLINICIAN INFORMATION

Referring clinician name \*

Billing / CPSO / CNO / OHIP number

Clinic / practice name

Clinic address

Phone number

Fax number \*

### 3 REQUIRED CLINICAL DOCUMENTATION

Please attach the following, if available, with this referral fax:

Cumulative Patient Profile (CPP)

Current medication list

Relevant notes, labs, or imaging



# Referral Details and Clinical Screening

Medical cannabis assessment - referral form

## 4 REASON FOR REFERRAL

Referral urgency

Routine

Expedited / palliative

If expedited, reason \_\_\_\_\_

Select the primary condition(s) for which medical cannabis is being considered:

Chronic pain (non-cancer)

Neuropathic pain

Fibromyalgia

Sleep disturbances

Rheumatoid arthritis

Cancer-related pain

Other: \_\_\_\_\_

Spasticity (MS / spinal cord injury)

Anxiety disorders

PTSD

Chemo-induced nausea and vomiting

Palliative care

HIV/AIDS-related anorexia or neuropathic pain

## 5 CLINICAL SCREENING / CAUTIONS

Please screen the patient for the following. If any cautions are present, the consult may still proceed, but the patient may not be a candidate for medical cannabis authorization.

### Mental health / substance use

- Personal or family history of psychosis (schizophrenia, bipolar type I)
- Current or past cannabis use disorder
- Current or past substance use disorder (alcohol, opioids, benzodiazepines)
- Pregnant, breastfeeding, or planning to become pregnant
- Patient is below age 25 (accepted only for selected severe cases due to neurodevelopmental risks)

### Medical / safety considerations

- Significant cardiovascular disease (unstable angina, recent MI, severe arrhythmia)
- Significant liver disease (liver failure, severe cirrhosis)
- Significant kidney disease (severe renal failure)
- Allergy to cannabis, THC, CBD, or formulation excipients (e.g., MCT oil)
- Other major clinical concern: \_\_\_\_\_

## 6 ADDITIONAL INFORMATION

Clinical context, previous cannabis experience, specific goals of care, and relevant safety concerns:

\_\_\_\_\_

Referring clinician signature \*

Date \*

\_\_\_\_\_

\_\_\_\_\_