

Select Clinic Location:

- Oakville (Trafalgar/QEW)
- Mississauga (Huronario/Hwy 403)
- Brampton (Bramalea/Bovaird)
- Etobicoke (Martingrove/Hwy 401)
- Scarborough (Neilson/Sheppard)

PATIENT INFORMATION

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Birth Date (Y/M/D) \_\_\_\_\_ Gender \_\_\_\_\_

OHIP \_\_\_\_\_ Ver. Code \_\_\_\_\_

Email \_\_\_\_\_ Tel \_\_\_\_\_

Address \_\_\_\_\_

PHYSICIAN INFORMATION

Physician Signature \_\_\_\_\_

Physician Name \_\_\_\_\_

Physician Billing # \_\_\_\_\_

Tel \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

REASON FOR CONSULTATION

Chronic Pain Syndrome

- Arthritis
- Inflammatory Polyarthropathy
- Post Operative/Traumatic
- Fibromyalgia
- Neuropathic \_\_\_\_\_
- Malignancy \_\_\_\_\_
- Other \_\_\_\_\_

Mental Health

- Anxiety/Depression
- PTSD
- Eating Disorder
- ADHD
- Other \_\_\_\_\_

Neurologic

- Cognitive Impairment
- Seizure Disorder
- Migraines/Headaches
- Multiple Sclerosis
- Parkinson's Disease
- Other \_\_\_\_\_

Gastrointestinal

- Crohn's Disease
- Ulcerative Colitis
- Irritable Bowel Syndrome
- Other \_\_\_\_\_

Other

- Insomnia
- Sleep Disordered Breathing
- Appetite Stimulation
- HIV/AIDS
- Recreational User Consultation for Harm Prevention

Current Medications

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Currently taking Anticoagulants  Yes  No
- Pregnancy or Family Planning  Yes  No
- History of Substance Abuse/Addiction  Yes  No
- History of Psychotic Illness  Yes  No

Patient Status

- Rostered
- Non-Rostered

RELEVANT MEDICAL HISTORY Please include all relevant test results and consultation notes.

\_\_\_\_\_

\_\_\_\_\_

Excellence in care



CannaWay Clinic  
530 Kenaston Blvd,  
Suite 220, Winnipeg, Manitoba  
R3N 1Z4

PATIENT INFORMATION

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Birth Date (Y/M/D) \_\_\_\_\_ Gender \_\_\_\_\_  
MHSC \_\_\_\_\_ PHIN \_\_\_\_\_  
Email \_\_\_\_\_ Tel \_\_\_\_\_  
Address \_\_\_\_\_

PHYSICIAN INFORMATION

Physician Signature \_\_\_\_\_  
Physician Name \_\_\_\_\_  
License # \_\_\_\_\_  
Tel \_\_\_\_\_  
Fax \_\_\_\_\_  
Address \_\_\_\_\_

REASON FOR CONSULTATION

Chronic Pain Syndrome

- Arthritis (OA/RA)
- Inflammatory Polyarthropathy
- Post Operative
- Fibromyalgia
- Neuropathic
- Malignancy
- Traumatic
- Other \_\_\_\_\_

Mental Health

- Anxiety
- Depression
- PTSD
- Eating Disorder
- ADHD
- Other \_\_\_\_\_

Neurologic

- Seizure Disorder
- Migraines/Headaches
- Multiple Sclerosis
- Parkinson's Disease
- Other \_\_\_\_\_

Gastrointestinal

- Crohn's Disease
- Ulcerative Colitis
- Irritable Bowel Syndrome
- Other \_\_\_\_\_

Other

- Insomnia
- Appetite Stimulation

Current Medications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Currently taking Anticoagulants

Yes  No

History of Substance Abuse/Addiction

Yes  No

History of Psychotic Illness

Yes  No

Yes  No

Chronic Medical Conditions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RELEVANT MEDICAL HISTORY

Please include all relevant test results and consultation notes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CANNAWAY CLINIC AFFILIATE LOCATIONS



- **Dakota Medical Centre**  
845 Dakota St., Unit #7  
Winnipeg, MB  
R2M 5M3  
Phone 204 254-2087  
Fax 204 254-0822
- **Bison Family Medical Clinic**  
80 Bison Dr.  
Winnipeg, MB  
R3T 4Z7  
Phone 204 275-1500  
Fax 204 269-9938
- **Clearspring Medical Clinic**  
390 Main St.  
Steinbach, MB  
R5G 1Z3  
Phone 204 326-6111  
Fax 204 326-6952
- **Lakewood Medical Centre**  
34 Lakewood Blvd.  
Winnipeg, MB  
R2J 2M6  
Phone 204 257-4900  
Fax 204 256-7240
- **Bison Family Medical Clinic**  
1686 Pembina Hwy.  
Winnipeg, MB  
R3T 2G2  
Phone 204 202-1223  
Fax 204 202-1225

PATIENT INFORMATION

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Birth Date (Y/M/D) \_\_\_\_\_ Gender \_\_\_\_\_  
 MHSC \_\_\_\_\_ PHIN \_\_\_\_\_  
 Email \_\_\_\_\_ Tel \_\_\_\_\_  
 Address \_\_\_\_\_

PHYSICIAN INFORMATION

Physician Signature \_\_\_\_\_  
 Physician Name \_\_\_\_\_  
 License # \_\_\_\_\_  
 Tel \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Address \_\_\_\_\_

REASON FOR CONSULTATION

Chronic Pain Syndrome

- Arthritis (OA/RA)
- Inflammatory Polyarthropathy
- Post Operative
- Fibromyalgia
- Neuropathic
- Malignancy
- Traumatic
- Other \_\_\_\_\_

Mental Health

- Anxiety
- Depression
- PTSD
- Eating Disorder
- ADHD
- Other \_\_\_\_\_

Neurologic

- Seizure Disorder
- Migraines/Headaches
- Multiple Sclerosis
- Parkinson's Disease
- Other \_\_\_\_\_

Gastrointestinal

- Crohn's Disease
- Ulcerative Colitis
- Irritable Bowel Syndrome
- Other \_\_\_\_\_

Other

- Insomnia
- Appetite Stimulation

Current Medications

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Currently taking Anticoagulants

Yes  No

History of Substance Abuse/Addiction

Yes  No

History of Psychotic Illness

Yes  No

Chronic Medical Conditions

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RELEVANT MEDICAL HISTORY

Please include all relevant test results and consultation notes.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_