



# Medicinal Cannabis Resource Centre Inc.

Vancouver • Kamloops • Vernon  
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## Patient Referral Form

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

PHN: \_\_\_\_\_

Primary Diagnosis or Medical Issue:

\_\_\_\_\_

Previous Treatments:

\_\_\_\_\_

\_\_\_\_\_

Current Medication:

\_\_\_\_\_

\_\_\_\_\_

Particular concerns with respect to cannabis use:

\_\_\_\_\_

\_\_\_\_\_

**Please add a copy of pertinent reports and consultation letters.**

### Referral Information

In BC, please submit MSP referral to Practitioner Number 06983

Referring Physician: \_\_\_\_\_

MSP Practitioner Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician's Phone and Address (or office stamp)

\_\_\_\_\_

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