

## MEDICAL CANNABIS REFERRAL FORM

### Kakou Medical

Submit this form via email to: [referrals@totalcsi.ca](mailto:referrals@totalcsi.ca)  
or fax it to: 1 (844) 494-7800  
For more information Please call:  
1 (800) 537-4173

Date:

Referral Dr. Name:

Phone #:

Fax #:

Practitioner ID#:

PHYSICIAN  
STAMP

### Previous Cannabinoid Use

- Nabilone
- Sativex
- Medical Cannabis
- Other: \_\_\_\_\_

### Medications

- Warfarin
- Heparin
- Plavix/Dabigatran
- Other: \_\_\_\_\_

Patient Information:

LABEL HERE  
PATIENT NAME / DOB  
HEALTH CARE #  
ADDRESS / PHONE # / EMAIL

### Primary Diagnosis + Physician Comments:

Please attach pertinent medical records.

## Indications / Contraindications / Cautions

### Indications

- Alzheimer's
- Anorexia / Eating Disorders
- Anxiety
- Arthritis (OA, RA, PA)
- Chemotherapy / Radiation Side-effects
- Chronic Neuropathic Pain (DM, Trigeminal)
- Chronic Pelvic Pain
- Epilepsy
- Fibromyalgia
- Gastrointestinal - Irritable Bowel Syndrome
- Glaucoma
- HIV/AIDS Wasting Syndrome
- Inflammatory Skin Disease
- Insomnia / Sleep Disorders
- Migraines
- Movement Disorders

- Multiple Sclerosis
- Muscular Spasticity
- Musculoskeletal Disorders
- Myofascial Pain Syndrome
- Nausea
- Palliative Care
- Parkinson's
- Post-Concussion Headaches/CTE
- PTSD
- Sciatica/Radicular Pain

### Contraindications / Cautions

- Age < 18 Years Old
- Breastfeeding
- Known Substance Abuse
- Occupational Hazard (Heavy Machinery, Driving)
- Pregnant
- Schizophrenia / Bipolar
- Unstable CVS / Resp Disease