

At North Star Wellness we take a comprehensive approach to cannabis therapy, providing quality service with full assessments, follow-up visits, renewals, tailored treatment plans and cannabis education.

PATIENT CONTACT INFORMATION (STICKER)

REFERRING HEALTH CARE PROVIDER (STAMP)

REFERRAL DX. PLEASE SELECT ALL THAT APPLY

Chronic Pain	<input type="checkbox"/>	Fibromyalgia	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	Colitis / Crohn's	<input type="checkbox"/>
Migraines	<input type="checkbox"/>	Sleep Disorder	<input type="checkbox"/>
PTSD	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>
Depression	<input type="checkbox"/>	Seizures	<input type="checkbox"/>
MS	<input type="checkbox"/>	Palliative Care	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	TOP-CART*	<input type="checkbox"/>

* Tapering of Opioid Prescribing with Medical Cannabis as Replacement Therapy

Other

Please fax any relevant: PMH / Rx history / Imaging Reports / Consults to 1-844-600-3141

Referring Health Care Provider

License # Signature

Referral ID (optional)

Would you like to receive patient assessment notes and updates? Yes No

Please indicate the Patient's Province or Territory of Residence

Ontario <input type="checkbox"/>	Manitoba <input type="checkbox"/>	British Columbia <input type="checkbox"/>	Prince Edward Island <input type="checkbox"/>
New Brunswick <input type="checkbox"/>	Saskatchewan <input type="checkbox"/>	Newfoundland <input type="checkbox"/>	Northwest Territories <input type="checkbox"/>
Quebec <input type="checkbox"/>	Alberta <input type="checkbox"/>	Nova Scotia <input type="checkbox"/>	Yukon <input type="checkbox"/>
			Nunavut <input type="checkbox"/>

Thank you for the referral