Excellence in care



	sauga (Hurontario/Hwy 403) oke (Martingrove/Hwy 401)	Clinic	
PATIENT INFORMATION		PHYSICIAN INFORMATION	
Last Name		Physician Signature	
First Name		Physician Name	
Birth Date (Y/M/D) Gender		Physician Billing #	
OHIP		Tel	
Email		Fax	
Address		Address	
Chronic Pain Syndrome Arthritis Inflammatory Polyarthropathy Post Operative/Traumatic Fibromyalgia Neuropathic Malignancy	Mental Health Anxiety/Depression PTSD Eating Disorder ADHD Other	Neurologic Cognitive Impairment Seizure Disorder Migraines/Headaches Multiple Sclerosis Parkinson's Disease Other	
Other			
Gastrointestinal	Other	Current Medications	
○ Crohn's Disease	○ Insomnia		
O Ulcerative Colitis	○ Sleep Disordered Bre	eathing	
O Irritable Bowel Syndrome	O Appetite Stimulation		
Other	O HIV/AIDS		
	Recreational User Co for Harm Prevention	onsultation	
Currently taking Anticoagulants	○ Yes ○ No	Patient Status	
Pregnancy or Family Planning	○ Yes ○ No	○ Rostered ○ Non-Rostered	
History of Substance Abuse/Addiction	○ Yes ○ No		
History of Psychotic Illness	○ Yes ○ No		

Toll Free: 1•833•842•8383 F: 905•842•5959 cannawayclinic.com

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		PHYSICIAN INFORMATION		
		Physician Signature Physician Name		
MHSCPHIN		Tel		
Email Tel		FaxAddress		
Address				
REASON FOR CONSULTATION				
Chronic Pain Syndrome	Mental Health	Neurologic		
○ Arthritis (OA/RA)	○ Anxiety	O Seizure Disorder		
○ Inflammatory Polyarthropathy	O Depression	O Migraines/Headaches		
O Post Operative	O PTSD	O Multiple Sclerosis		
○ Fibromyalgia	 Eating Disorder 	O Parkinson's Disease		
Neuropathic	\bigcirc ADHD	Other		
Malignancy	Other			
◯ Traumatic				
Other				
Gastrointestinal	Other	Current Medications		
○ Crohn's Disease	○ Insomnia			
Ulcerative Colitis	O Appetite Stimulat	ion		
○ Irritable Bowel Syndrome				
Other				
Currently taking Anticoagulants	○Yes ○ No	Chronic Medical Conditions		
History of Substance Abuse/Addiction	○ Yes ○ No			
History of Psychotic Illness	○ Yes ○ No			
	○ Yes ○ No			
RELEVANT MEDICAL HISTORY	Please include all relevan	t test results and consultation notes.		

CANNAWAY CLINIC AFFILIATE LOCATIONS

O Dakota Medical Centre 845 Dakota St., Unit #7 Winnipeg, MB R2M 5M3 Phone 204 254-2087

Fax 204 254-0822

 Lakewood Medical Centre 34 Lakewood Blvd. Winnipeg, MB R2J 2M6 Phone 204 257-4900 Fax 204 256-7240

O Bison Family Medical Clinic 80 Bison Dr. Winnipeg, MB R3T 4Z7 Phone 204 275-1500 Fax 204 269-9938

O Bison Family Medical Clinic 1686 Pembina Hwy. Winnipeg, MB R3T 2G2 Phone 204 202-1223 Fax 204 202-1225

O Clearspring Medical Clinic 390 Main St. Steinbach, MB R5G 1Z3 Phone 204 326-6111 Fax 204 326-6952



PATIENT INFORMATION Last Name First Name		PHYSIC	PHYSICIAN INFORMATION		
		Physician	Physician SignaturePhysician Name		
		Physician			
Birth Date (Y/M/D) Gender		License #	License #		
MHSC	PHIN	Tel	Tel		
Email	Tel	Fax			
Address		Address			
REASON FOR CONSUL	TATION				
Chronic Pain Syndrome Mental Health		ental Health	Neurologic		
O Arthritis (OA/RA)	Arthritis (OA/RA) Anxiety		O Seizure Disorder		
☐ Inflammatory Polyarthropathy ☐ Depression		oression	O Migraines/Headaches		
Post Operative PTSD		SD .	O Multiple Sclerosis		
○ Fibromyalgia ○ Eating Disorde		ing Disorder	O Parkinson's Disease		
○ Neuropathic ○ ADHD		HD	Other		
○ Malignancy	○ Oth	ner			
○ Traumatic					
Other					
Gastrointestinal	Otl	her	Current Medications		
○ Crohn's Disease	○Ins	omnia			
O Ulcerative Colitis	○ Арј	petite Stimulation			
O Irritable Bowel Syndrome					
Other					
Currently taking Anticoagula	ants O Yes	s O No	Chronic Medical Conditions		
History of Substance Abuse	e/Addiction O Yes	s O No			
History of Psychotic Illness	○ Yes	s O No			
RELEVANT MEDICAL H	ISTORY Please inc	lude all relevant test result	es and consultation notes.		

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