

## CDA Clinics Referral Form

### PATIENT TO COMPLETE

Full Name	John Doe	DOB (DD/MM/YYYY)	3/8/1983
Phone	(04) 04 123 123	Email	johndoe@gmail.com
Address	123 Ramsay Street, PROSERPINE 4800		
Type of Consultation	<input checked="" type="checkbox"/> Telehealth (Phone Consult) <input type="checkbox"/> Varsity Lakes Clinic <input type="checkbox"/> Brisbane Clinic <input type="checkbox"/> Maroochydore Clinic		

I, John Doe (name) authorise my doctor to send my Health Summary to CDA.

### PRACTITIONER TO COMPLETE

Practitioner Stamp/Details (required) – must include doctor's name and provider number

Prosperine Medical Nominees Pty Ltd Dr James Green Provider No. 739881EX 60a Main Street Proserpine 4800 0749451622
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Primary diagnosis/condition causing symptom      Patient Symptom/s

Fibromyalgia Osteoarthritis Anxiety Insomnia Chronic pain	Chronic fatigue Severe anxiety Insomnia
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<input type="checkbox"/> Concerns with medicinal cannabis use in this patient. *If ticked, please specify: _____
<input checked="" type="checkbox"/> I have included the patient's Health Summary (required) including current medications.

I hereby refer the above patient to a doctor at CDA Clinics for medical review.

Practitioner Signature:  Date: 31 / 03 / 2022

\*Patients with serious mental health disorders may be requested to provide a Letter of Endorsement from their current psychiatrist for THC prescriptions. Referring doctors must advise if the patient suffers from any mental health disorders.