Fax: 02 9167 7191 | Phone: 1300 232 362 | Email: info@cdaclinics.com.au

CDACLINICS

CDA Clinics Referral Form

PATIENT TO COMPLETE

Full Name	John Doe	DOB (DD/MM/YYYY)	03/08/1983
Phone	(04) 04 123 123	Email	johndoe@gmail.com
Address	123 Ramsay Street, PROSERPINE 4800		
Type of Consultation	☑ Telehealth (Phone Consult) ☐ Varsity Lakes Clinic ☐ Brisbane Clinic ☐ Maroochydore Clinic		

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

PRACTITIONER TO COMPLETE

Practitioner stamp/details and signature (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
07 4945 1622

Primary diagnosis/condition causing symptom	Patient Symptom/s
Fibromyalgia Osteoarthritis Anxiety Insomnia Chronic pain	Chronic fatigue Severe anxiety Insomnia

☐ Concerns with medicinal cannabis use in this patient. *If ticked, please specify:

☑ 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: 25 / 10 / 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.