AnodyneCann Pty Ltd,
ABN 30 642 984 861,
Level 3, 99 Queensbridge
Street, Southbank, VIC 3006,
www.anodynecann.com.au
Tel: 1300114838
Fax: (03)91168300

Patient Referral Form

Patient Name: ______________________________

Street Address: ______________________________

Suburb/State/Postal Code:______________________________

D.O.B (dd/mm/yyyy): ______________________________

Telephone: ______________________________

Email: ______________________________

OR AFFIX PATIENT LABEL

Patient Diagnosis:

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Potential Contraindications

- ☐ Severe depression, anxiety, psychosis
- ☐ Unstable CVD (angina, arrhythmias)
- ☐ Pregnancy, planning pregnancy or breastfeeding
- ☐ Family Hx of mental illness
- ☐ Active substance use disorder
- ☐ Opioid dependence treatment
- ☐ Other:

Doctor or ADMIN Email (Required for patient notifications):

Please attach all current medications (incl. dose and frequency), and any past medications trialled for the above indication

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☐ I do not want to prescribe medicinal cannabis and would like to refer this patient to AnodyneCann Pty Ltd for an appointment

______________________________ ______________________________

General Practitioner Signature **Date (dd/mm/yyyy)** **GP Practice Stamp**

PLEASE EMAIL REFFERAL TO: info@anodynecann.com.au or FAX TO: (03)91168300