



Southern Cross Cannabis Clinic  
2/20-30 Princes Highway  
DAPTO NSW 2530  
Phone: (02) 4288 0511  
Telemedicine: Australia Wide

## PATIENT REFERRAL FORM

Name:	
Legal Guardian (If Applicable):	Phone:
DOB:	Phone:
Address:	
Email:	

### CONDITION (PLEASE TICK):

- Epilepsy
- Autism
- Appetite Loss / Sleep Disturbance
- Chronic Pain
- Cancer Treatment
- Anxiety
- Multiple Sclerosis
- PTSD
- Palliative Care
- Other (Please Specify):

Symptoms:
Current medication/treatment:
Current medication/treatments that have failed to relieve the patient's symptoms:
Past treatments adverse side effects:

**Do you have any concerns with this patient using medicinal cannabis?**

- Yes (Please describe):
- No

**REFERRING DOCTOR DETAILS:**

Name:	Provider #:
Address/Clinic Details:	
Phone:	
Email:	

**Thank-you.** Please kindly attach the patient's health summary and return both documents to [info@southerncrosscannabis.com.au](mailto:info@southerncrosscannabis.com.au) or fax: (02) 4288 0510.