



Dr John Teh MBBS
PlantMed
Medicinal Cannabis Clinic
4/787 Kingsford Smith Drive
Eagle Farm, QLD
Telemedicine: Australia wide

Patient Referral Form

Name:	
Guardian Name (if applicable):	
DOB:	Phone:
Address:	
Email:	

Condition: (tick applicable)

- | | |
|---|--|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Cancer treatment-induced nausea, |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Appetite loss, sleep disturbance |
| <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Other (please state diagnosis below): |
| <input type="checkbox"/> PTSD | _____ |

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

- Thank you for seeing my patient in regards to a trial of Medicinal Cannabis to help relieve above symptoms
OR
 Thank you for seeing my patient in regards to potential **adjuvant** treatment with Medicinal Cannabis

Referring Doctor's Details:

Name:	Provider #:
Medical Practice:	
Address:	
Email:	
Phone:	Fax:

Signature: _____ Date: _____ / _____ / _____

Referrals to: Fax 07 3112 4344 or email info@plantmed.net.au
or sent in hard copy with patient