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)

- ☐ Epilepsy
- ☐ Chronic Pain
- ☐ Multiple Sclerosis
- ☐ Palliative Care
- ☐ PTSD
- ☐ Autism
- ☐ Cancer treatment-induced nausea,
- ☐ Appetite loss, sleep disturbance
- ☐ Other (please state diagnosis below):

_____

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