cpsa
COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

Cannabis for Medical Purposes
Patient Medical Document

As there is limited evidence for the use of medical cannabis and significant potential for harm, physicians should be very cautious in authorizing its use and do so only within the context of an established physician-patient relationship.

Physicians are required to complete this form and submit it to the College of Physicians & Surgeons of Alberta (CPSA) when authorizing the use of cannabis for medical purposes by a patient in Alberta. The physician must be a registered authorizer of cannabis with the CPSA and should review the *Cannabis for Medical Purposes* standard of practice and advice document prior to authorizing cannabis use (http://bit.ly/med-cannabis-SoP).

PATIENT INFORMATION

Surname: _____ Given name(s): _____

Date of birth (DD/MMM/YYYY): _____ Personal Health Number: _____

Indication for medical cannabis authorization: _____

(Refer to evidence-based indications as per http://bit.ly/med-cannabis-resources)

Dosing instructions: Amount of THC ___ mg/day and/or Amount of CBD _____ mg/day

Form of cannabis used: ☐ dried ☐ oil ☐ other: _____

Total Amount of Cannabis Authorized as per Health Canada Regulations: _____ gms/day

Duration of authorization: _____ day(s) _____ week(s) _____ month(s)

(Note: The patient must be reassessed at least every three months while using medical cannabis. The duration of authorization cannot exceed one year from the date of this document.)

PHYSICIAN INFORMATION

Registration/license number: _____

Surname: _____ Given name: _____

Province(s) licensed to practice in: _____

Business address:

Phone: _____ Fax: _____ Email: _____

Address where patient is being treated:

Your relationship to the patient:

Family doctor Consulting physician, specialty: _____

Referring physician: _____

Other: _____

I attest that the information on this form is correct and complete:

Physician's signature: _____ **Print & Sign** Date: _____

SUBMIT FORM WITHIN ONE WEEK OF COMPLETION TO:

College of Physicians & Surgeons of Alberta

Fax: 780-429-1981 | Mail: 2700 - 10020 100 Street NW Edmonton, AB T5J 0N3

**Physicians authorizing Cannabis are subject to the Cannabis Act and its Regulation. This information is being requested as per s272(a) and s273 of the Cannabis Regulations (SOR/2018-144).*