

**Toronto Compassion Centre (TCC)**  
 PO Box 65151 RPO Chester  
 Toronto ON M4K 3Z2  
 Website: www.tccentre.org  
 Email: membership@torontocompassioncentre.org  
 Fax: 416-323-0269  
 Non-Member Telephone: 416-668-6337



## Contact Information Sheet

Please print clearly.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

I prefer to be called (if different from legal name, optional) \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ / Female \_\_\_\_

Phone: Home \_\_\_\_\_ Alternate \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relation \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Doctor's Address (Street, City, etc.) \_\_\_\_\_

I was referred to TCC by \_\_\_\_\_ (Membership # \_\_\_\_\_)

Current medical diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

=====TCC STAFF USE=====

# \_\_\_\_\_ Orientation Date: \_\_\_\_\_

Date Confirmed \_\_\_\_\_ Doctor's Contact \_\_\_\_\_

H.C. \_\_\_\_\_ E.C. \_\_\_\_\_ O.I.C. \_\_\_\_\_

---



---

**Toronto Compassion Centre (TCC)**

PO Box 65151 RPO Chester

Toronto ON M4K 3Z2

Website: www.tccentre.org

Email: membership@torontocompassioncentre.org

Fax: 416-323-0269

Non-Member Telephone: 416-668-6337

**Doctor's Letter of Diagnosis**

Your patient is requesting a letter of diagnosis from you on our behalf. You are not required to make any statements regarding dosage or safety of medicinal cannabis. Please fill in the following statement and stamp this page, or write a letter (on your letterhead) based on the information below.

Please keep a copy of this letter and the accompanying release of confidential medical information in your patient's file, as someone from the TCC will contact your office to verify the validity of the letter.

This letter must be current, documents older than 6 months will not be accepted.

---

Patients Name, and Surname: \_\_\_\_\_

Patients Date of Birth: \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

This letter is to confirm that the above named individual has been diagnosed with,

\_\_\_\_\_  
\_\_\_\_\_

I am a licensed Medical Doctor /Naturopathic Doctor (**circle one**) permitted to practice in the province of \_\_\_\_\_, Canada, and I am aware that my patient intends to access the services provided by Toronto Compassion Centre.

\_\_\_\_\_ Stamp:

(Health Care Practitioner's original signature)

Date signed: \_\_\_\_\_

Written Name: \_\_\_\_\_

CPSO/Registration # \_\_\_\_\_

## Toronto Compassion Centre (TCC)

PO Box 65151 RPO Chester  
Toronto ON M4K 3Z2  
Website: [www.tccentre.org](http://www.tccentre.org)  
Email: [membership@torontocompassioncentre.org](mailto:membership@torontocompassioncentre.org)  
Fax: 416-323-0269  
Non-Member Telephone: 416-668-6337

## Release of Confidential Medical Information

We require the applicant to provide the TCC with a completed copy of this Release of Confidential Information. This form is to be filled out by the applicant and submitted with their application.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

I, \_\_\_\_\_ (patient name), do hereby grant permission for the release of my confidential medical information to the Toronto Compassion Centre. I give permission for the Doctor noted below to verify my medical status with a staff member of Toronto Compassion Centre by telephone or fax.

Toronto Compassion Centre agrees to use this information for the sole purpose of confirming the authenticity of medical documentation, and agrees to keep this information strictly private and confidential.

Patient's Signature: \_\_\_\_\_

Referring Doctor's name: \_\_\_\_\_ (print)

Doctor's phone number: \_\_\_\_\_

Doctor's fax number: \_\_\_\_\_

## Personal Experience Questionnaire

**Please tell us about your previous experience with cannabis:**

- Currently use on a regular basis, familiar with various strains and methods of ingestion
- Tried it a few times recently
- "Not since I was a teenager"
- Never tried it, but have done research
- Have no previous knowledge

Comments:

---

---

---

**Every person reacts differently to cannabis, and to individual strains.  
Be an informed patient by researching your medicine.**