

The Vancouver Island Compassion Society

Application for Registration

Applicant's name: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Phone number(s): _____

Date of birth: _____ E-mail: _____

Medical condition(s) and symptoms: _____

Physician's name: _____

Address: _____ **City:** _____ **Prov:** _____

Postal Code: _____ **Phone number(s):** _____

Are you presently taking any prescription pharmaceuticals? YES _____ NO _____

If you answered "yes", please list your drug regimen as well as any adverse side-effects:

How long have you been using cannabis? _____

How long have you been using cannabis as a medicine? _____

How does cannabis affect your symptoms? _____

How much/how often do you use cannabis? _____

Does this dosage alleviate your symptoms? _____

I hereby declare that the information stated above is factual:

Applicant's signature: _____ Date signed: _____

Printed name: _____

* The Vancouver Island Compassion Society reserves the right to limit the amount of medication supplied to any of its members.

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853 Cormorant St.
Victoria, BC V8W 1R2
ph: 250-381-8427 fax: 250-381-8423

Physician's Statement:

I am currently treating _____ for the following condition(s):

Please check one:

- I have discussed the medicinal benefits and risks associated with cannabis use as a treatment for this/these condition(s). If I were legally able to do so, I would consider prescribing cannabis for this condition.

Should my patient choose to use cannabis therapeutically, I will continue to monitor his/her condition and to provide advice on his/her progress.

- I have discussed the medicinal benefits and risks associated with cannabis use as a treatment for this/these condition(s), but I do not support its use for the following reason(s):

Physician's Signature: _____ Date: _____

Printed Name: _____

Physician's Address: _____

Physician's Phone #: _____

Doctor/Patient Information Release Form

I, _____, hereby request that

_____ release any requested medical
(Dr. or medical center)

information relevant to the use of medical cannabis to the

Vancouver Island Compassion Society.

Signature: _____

Date: _____

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