

The Vancouver Island Compassion Society

853 Cormorant St.
Victoria, BC V8W 1R2
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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 #: _____