



**STANDARD OF PRACTICE
CANNABIS FOR MEDICAL PURPOSES
PATIENT MEDICAL DOCUMENT**

This document outlines the information a Yukon physician must collect and maintain from a patient seeking cannabis for medical purposes. **Please refer to Cannabis for Medical Purposes Standard of Practice.**

PATIENT INFORMATION

Name	
Date of Birth (dd/mm/yyyy)	
Yukon Health Care #	
Daily quantity of cannabis to be used by patient in grams – so g/day	
Period of use – please note the period of use cannot exceed one year	
General Comments	

PHYSICIAN INFORMATION

Name	
Business Address	
Address where patient was treated – if different from above	
Phone number	
Fax number	
Email	

By signing this document, I attest that the information contained in this document is correct and complete.

Physician Signature _____ Date _____

****This document must be provided to the Yukon Medical Council upon request.****