



Medical Cannabis by Canveda Inc.
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 1-888-741-9171
 Fax: 705-304-1042

Patient Registration Form

*Note: If you are the patient’s caregiver, please complete this form with the patient and sign the caregiver acknowledgment and confirmation.

Patient’s Info

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	Last name	Date of birth(mm/dd/yyyy)	Gender

If you are a Canadian Veteran, please provide your Blue Cross ID Number (K #)

Residential Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address	Apt #	City
<input type="text"/>	<input type="text"/>	<input type="text"/>
Province	Postal code	Primary phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Secondary Phone	Email

Mailing Address Complete if different from above. Mailing address must be a residence, P.O. Box, or healthcare professional’s office.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address	Apt #	City
<input type="text"/>	<input type="text"/>	
Province	Postal code	

I have requested that medical cannabis products be delivered to my healthcare practitioner’s office, with their consent as noted on my medical document.

Residence Type Private residence Shelter/hostel Nursing home Other

*Attestation of residence required if shelter/hostel selected. Establishment manager must complete this section.

I, (Manager’s name) _____ confirm that (Name of establishment) _____ provides food, lodging, or other social services to (Patient’s name) _____

<input type="text"/>	<input type="text"/>	<input type="text"/>
Manager’s signature	Email	Date (mm/dd/yyyy)

Caregiver information (if applicable)

A caregiver is a designated adult who is responsible for the patient.

First name

Last name

Date of birth(mm/dd/yyyy)

Gender

Phone number

Email

Relationship to patient

Caregiver acknowledgment and confirmation

I, (Caregiver's name) _____ acknowledge that I am the caregiver for (Print patient name)

_____ and take responsibility for the ordering, safe storage, and administration of medical cannabis products.

Caregiver's signature

Date (mm/dd/yyyy)

Consent

The patient (and caregiver if applicable) acknowledges and agrees to the following:

1. Canveda may collect, use and disclose personal information contained in this application, and any related medical document that is provided to us, for shipment and fulfillment purposes, to complete the registration of the patient and to communicate with the patient's healthcare professionals, medical clinics or insurance provider (VAC) for verification purposes.
2. The patient permits Canveda to communicate with the patient via telephone or email regarding registration or order status, product availability. The patient understands that electronic communications are not secure and can be forwarded, intercepted, circulated, stored, or even changed without their knowledge or permission and agrees to accept that risk. Electronic communication is at the patient's option and the option to communicate electronically may be withdrawn at any time by providing written notice to Canveda.
3. If the patient has specified a K number on this application, the patient consents to Canveda sharing of personal details and information contained in this application with Veterans Affairs Canada.
4. The patient understands that the safety and risks associated with the use of medical cannabis have not been sufficiently studied and that using medical cannabis products obtained from Canveda is done at their own risk. The patient releases Canveda, directors, officers, partners, providers, and employees from any and all actions, claims, complaints, and demands for damage, loss or injury arising as a consequence of the use of medical cannabis products obtained from Canveda.
5. The information in this application and the Medical Document is correct and complete.
6. The patient ordinarily resides in Canada.
7. The Medical Document that forms the basis for the application has not, to my knowledge, been altered.
8. The Medical Document is not being used to obtain medical cannabis from another source.
9. The use of medical cannabis is for the patient's own medical purposes.
10. In the case where a Caregiver is signing the statement, they are responsible for the applicant.

Patient or Caregiver's signature

Date (mm/dd/yyyy)