



**Medicinal Cannabis Referral**

KY-CP @ Neighborhood NP  
11400 Main St. - Ste 102 - Louisville, KY 40243  
P: 502-509-5223 F: 814-402-7021  
KYCannabisPractitioner.com

Referring Clinician: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

**Our practitioners have been assigned by the state of Kentucky to provide qualifying patients with the written certification they will need when applying for a medical cannabis card.**

Our Medical Cannabis Practitioners:

Genny Sanders, DNP, MBA, APRN, FNP-BC KY Medicinal Cannabis License # 4027995

***Providing a referral form and medical records for your patient is appreciated!***

**The patient has the following qualifying diagnosis:**

- ☐ Any type or form of cancer, regardless of stage
- ☐ Chronic or debilitating pain
- ☐ Epilepsy or any other seizure disorder
- ☐ Multiple sclerosis
- ☐ Muscle spasms or spasticity
- ☐ Chronic nausea or cyclical vomiting syndrome that has been proven resistant to other conventional medical treatments
- ☐ Post-traumatic stress disorder

**Medical Records Required:**

- ☐ Medication list
- ☐ Office note(s) to support the qualifying diagnosis
- ☐ Past medical history/Diagnosis list
- ☐ Patient contact information/Face sheet

**PLEASE FAX records to 814-402-7021**

**THANK YOU FOR YOUR REFERRAL!**