

**Medicinal Cannabis Referral**

KY-CP @ Neighborhood NP

500 N English Station Rd, Suite 101, Louisville, KY 40223

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!