## ONLINE CANNABIS CLINIC Dr Md S. Rahman

General Practitioner

With special interest in Medicinal Cannabis

Fax: (07) 3184 8411

www.onlinecannabisclinic.net

onlinecannabisclinic@gmail.com







## Dear Colleague.

By way of introduction, I am Dr. Md S Rahman currently working as a GP at north Queensland. I am with a special interest in Human Endocannabinoid System & Medicinal Cannabis treatment for conditions not limited to-

- Chronic pain
  - (Not adequately responding to Opioids or other analgesics)
  - \* Neuropathic pain
  - \* Fibromyalgia
  - \* Rheumatoid arthritis
  - \* Mixed chronic pain
  - \* Polymyalgia rheumatica
- o Multiple sclerosis (MS)

- o Cancer-related pain
- Chemotherapy-induced nausea/vomiting
- o Epilepsy / Seizure
- o Parkinson's Disease
- Autism Symptoms
- Severe Anxiety/Depression
- o Post-traumatic Stress disorder (PTSD)
- o Inflammatory bowel disease (IBD)

Holding current certification on Medicinal Cannabis Prescription, with a good range of experience in this field, I am the founder of the ONLINE **CANNABIS CLINIC** and currently accepting referrals from my colleagues from different GP Centres & also from specialists in different fields.

For eligible patients, we are able to access Medicinal Cannabis through Special Access Scheme (SAS) with *Therapeutic Goods Administration (*TGA) & also interested to arrange follow-up plans for treatment-related dose review, ongoing scripts & side effect reviews (if any).

If you think any of your patients may get help with adjunct therapy through Medicinal Cannabis and or your patient is seeking more information or keen to try Medicinal Cannabis, we are more than happy to discuss in detail with your patients.

Please note- ONLINE **CANNABIS CLINIC** is running under the fully private bills (No Medicare rebate available for patients) detail of which is at patient information sheet.

To refer a patient you just need to fill out with -

## Attached very simple **Referral Form** (Takes not more than 30 seconds to complete !!)

## Patients **Health Summary** 

## Latest Liver function test result (LFTs)



We are committed to keep required communication with you in regards to Medicinal Cannabis treatment for your patients & we believe, together we can try our best to achieve the common goal of improvement of patient's health.

With thanks







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	OCTOR R	EFERRAL FOR	RM
Please fax this form to <u>(0</u>	<u>7) 3184 84</u>	<b>11</b> OR Email: <u>o</u>	nlinecannabisclinic@gmail.com
PATIENT DETAILS:			
Patients, please complete the	ne patient d	etails section be	fore providing to your docto
Full Name:Address:			Sirth: Nobile preferred) :
ACTITIONER DETAIL:			
ull Name:Provider Number:		- 11	
Practitioner Type: (Please tick)	•••••		
o General Practitioner		Ш	Practice Stamp
o Specialist In	other field		
REFERRAL DETAILS :			
Indication / Condition to be tro	eated with Me	dicinal Cannabis: (P	lease tick)
o Chronic pain		<del>-</del>	lated pain
(Not adequately re	sponding to	o Chemothera	py-induced nausea/vomiting
Opioids or other a	nalgesics)	o Epilepsy /	'Seizure
* Neuropathic pain		o Parkinson's	Disease
<ul><li>* Fibromyalgia</li><li>* Rheumatoid arthritis</li></ul>		o Autism Sym	ptoms
* Mixed chronic pain			ety/Depression
* Polymyalgia rheumatica			atic Stress disorder (PTSD)
o Multiple sclerosis (MS)		o Inflammato	ry bowel disease (IBD)
1			
Patient has tried or is unable	or is unwilling	to use standard reg	istered medications for this indica
I have included the patient her	alth summary (	REQUIRED) includi	ng-
o Current & Past Medical Condit	ions		
Current Medication list			
Patient has already tried follow	ving analgesics	for relieving pain (	if relevant)-
o Paracetamol	o Cox 2 inh	= -	<ul> <li>Tapentadol (ex-PALEXIA)</li> </ul>
o Ibuprofen	o Tramado		<ul> <li>Other (Please specify)</li> </ul>
o Codeine		e oral/patch/IV	
<del></del>			

I am the regular GP/Specialist/ another GP of this patient's regular GP Clinic & hereby referring this patient to a doctor at ONLINE CANNABIS CLINIC for medical review and management with Medicinal Cannabis as an adjunct therapy.

Practitioner Signature	Date:	V