# ***The Vancouver Island Compassion Society***

Application for Registration

Applicant's name: ____________________________________________________

Address: ________________________________ City: ___________ Prov:_______

Postal Code: __________ Phone number(s): ________________________________

Date of birth: _________________ E-mail: ________________________________

**Medical condition(s) and symptoms:** __________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

**Physician's name:** _______________________________________________________

**Address:** ____________________________________ **City:** __________ **Prov:** _____

**Postal Code:** _____________ **Phone number(s):** _________________________________

Are you presently taking any prescription pharmaceuticals? YES _______ NO _______

If you answered "yes", please list your drug regimen as well as any adverse side-effects:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

How long have you been using cannabis? ______________________________________

How long have you been using cannabis as a medicine? _____________________________

How does cannabis affect your symptoms? _____________________________________

______________________________________________________________________

How much/how often do you use cannabis? _____________________________________

Does this dosage alleviate your symptoms? ____________________________________

***I hereby declare that the information stated above is factual:***

Applicant's signature: ______________________ Date signed: ________________

Printed name: ____________________________

* The Vancouver Island Compassion Society reserves the right to limit the amount of medication supplied to any of its members.