

# Form B1

## Medical Practitioner's Form for Category 1 Applicants

**This form is to be completed for *Category 1* applicants by the applicant's medical practitioner.**

Under the *Marihuana Medical Access Regulations*, a "medical practitioner" is a person who is authorized under the laws of a province to practice medicine in that province and who is not named in a notice given under sections 58 or 59 of the *Narcotic Control Regulations*.

### Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until *all* appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

*Please forward all completed applications to:*

**Marihuana Medical Access Division  
Drug Strategy and Controlled Substances Programme  
Health Canada  
Address Locator: 3503B  
Ottawa, ON K1A 1B9**

**Note:** It is within the professional purview of the medical practitioner to decide to support an application to access marihuana for medical purposes. A medical practitioner is not obliged to sign in support of an application.

## B1-1 Information on Medical Practitioner

Medical practitioner's full name: .....

Provincial medical licence number: .....

STAMP (IF AVAILABLE)

Medical specialization (if applicable): .....

Business Address: .....

Suite Number: .....

City: .....

Province: .....

Postal Code: .....

Telephone: (        ) .....

Fax: (        ) .....

E-mail: .....

## B1-2 Medical Condition and Symptoms

Applicant's full name:                      last                      /                      first                      /                      middle .....

Date of Birth:    day    /    month    /    year .....

Telephone: (        ) .....

### Details on medical condition(s) and symptom(s)

**Please check (✓) in the table below the medical condition(s) and the symptom(s) that are the basis for the application (if applicable).**

	SEVERE PAIN	PERSISTENT MUSCLE SPASMS	CACHEXIA	ANOREXIA	WEIGHT LOSS	SEVERE NAUSEA	SEIZURES
MULTIPLE SCLEROSIS							
SPINAL CORD INJURY							
SPINAL CORD DISEASE							
CANCER							
AIDS, HIV INFECTION							
SEVERE ARTHRITIS							
EPILEPSY							

**OR**

(continued on next page)

(B1-2 continued)

- If the applicant is treated within the context of compassionate end-of-life care, please specify the medical condition(s) and the symptom(s):**

Medical Condition(s) and Symptom(s): .....

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**B1-3 The Proposed Daily Amount**

- a. The proposed daily amount of dried marihuana is less than or equal to \_\_\_\_\_ grams; and
- b. The following method and form of administration (please check appropriate box):
  - Inhalation     Oral

**Note to Physicians: For more information on daily amounts, you can refer to the following documents:**

- Information for Health Care Professionals—Marihuana
- Daily Amount Fact Sheet

**Both documents can be found on the Health Canada web site at [www.hc-sc.gc.ca/hecs-secs/ocma/index.htm](http://www.hc-sc.gc.ca/hecs-secs/ocma/index.htm) or by calling toll free at 1-866-337-7705.**

**B1-4 Duration**

Under the *Marihuana Medical Access Regulations*, an *Authorization to Possess* may be issued for a period of up to 12 months.

If you are signing the authorization for a shorter period, please specify the number of months:

Name: .....

## B1-5 Medical Practitioner's Declaration and Signature

**Please read, sign and date the document in the space provided below.**

- i. a. the applicant suffers from the Category 1 symptom(s) indicated in Section B1-2 of this form that is associated with the corresponding medical condition or the medical treatment that is associated with that condition;  
b. conventional treatment(s) for the Category 1 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant.
- ii. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drug Regulations* concerning the safety and effectiveness of marihuana as a drug.
- iii. I declare that the information contained in this form is correct and complete.

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MEDICAL PRACTITIONER'S SIGNATURE

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PRINT NAME

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DATE

**IMPORTANT:**

1. Please ensure that you have read and understood the declarations.
2. Please sign and date the declarations.
3. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
4. We cannot process the application until **ALL** appropriate forms are received.
5. Please retain a photocopy of this form for your files.  
If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Name: .....