



P.O. BOX 2415
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 FAX: (780) 427-5863 or 1-800-661-1993

C1446 Medical Cannabis Management Report

WORKER DETAILS			WCB Claim Number
Worker's Surname	First Name	Initial	Date of Birth (YYYY/MM/DD)
Physician's Name	Telephone Number	WCB Billing Number	Contract ID
Date of Examination (YYYY/MM/DD)			

For what diagnosis are you prescribing medical cannabis?

Current complaints:	Objective findings:
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Current medications and dosages (including new prescriptions)

Cannabis daily use (g) _____ THC potency % _____ Administration: Vaporization Oral NOT Smoked

Provide your own clinical estimate of your patient's level of function at this visit (check your numerical estimate)
 0 = severe impact on function at home and work. 10 = return to pre-injury functional level 0 1 2 3 4 5 6 7 8 9 10

Has there been overall improvement of the patient's function since medical cannabis was first used?

Yes. Describe improvement:
 No, medical cannabis regimen will be adjusted (see below) No, medical cannabis regimen will be discontinued (see below)
 No, other (see below)

If function is not improving, explain rationale for continuing medical cannabis:

What is your treatment plan to improve the patient's function? (Include further investigation / consultation)

Provide the patient's estimate of average pain severity in the last week (check the numerical estimate)
 0 = severe impact on function at home and work. 10 = return to pre-injury functional level 0 1 2 3 4 5 6 7 8 9 10

Has there been overall improvement in the patient's pain since medical cannabis was first used?

Yes. Describe improvement:
 No, medical cannabis regimen will be adjusted (see below) No, medical cannabis regimen will be discontinued (see below)
 No, other (see below)

If pain is not improving, explain rationale for continuing medical cannabis:

What is your treatment plan to improve the patient's pain? (Include further investigation / consultation)

Request for WCB Resources (WCB will contact you to confirm your request)
 Contact with WCB Case Manager Work Assessment Centre Referral Independent Medical Examination Contact with WCB Physician

What are the potential impacts of medical cannabis use on the patient's return to work? (Ability to perform any safety-sensitive tasks such as driving or operating machinery)

Is injury preventing patient from performing date of accident work? Yes No Estimated date of return to pre-accident level (YYYY/MM/DD)
 Any permanent impairment anticipated? Yes No

Can modified work or alternate work be performed? Yes No
 Any work restrictions? Yes No If yes, describe:

Describe work capability: Sedentary Light Medium Heavy Very Heavy

Next follow up visit: (YYYY/MM/DD)	Physician's Signature:	Date: (YYYY/MM/DD)
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