Sea To Sky Alternative Healing Society
6636 Fraser St, Vancouver BC
Phone(604)420-5559 Fax(604)420-4442

APPLICATION FOR REGISTRATION

Applicant's Name: _____
Address: _____
City: _____ Prov: _____ Postal code: _____
Phone number(s):_____
Date of Birth_____E-mail_____
MMAR# (if applicable): _____
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 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? _____
How did you hear about Sea To Sky? _____

I hereby declare that the information stated above is factual:

APPLICANT'S SIGNATURE: _____

DATE SIGNED: _____