	Headquarters: 240 Duncan Mill Road - Suite 201 Toronto, Ontario, M3B 3S6 P: 416 840 5991 / F: 647 729 4766 TOLL FREE: 877 560 9195	CONSULT	REFERRAL	
Vapollo Cannabis Clinics		Fax form to: 647.729.4766 (Toronto,ON) Is the patient rostered with a FHT or FHO? Y N Assign to next available Physician?		
Apollo Cannabis Clinics is a constantly growing community of academic physicians and researchers working to improve the lives of patients using medical cannabis.		Referral for Dr		
Phone: Cell: Patient's OHIP #:				
Reason for assessment [Pain Anxiety Sleep	MS Cancer	PTSD Other	
Primary Diagnosis				
Current Medical Conditions (Please provide a copy of medical records, including consults and prior treatments)				
			History of Psychosis	
List of current medication and allergies (Including dosage, duration of treatment)				
List of medication that has been tried for the primary pain condition:				

REFERRING PHYSICIAN

Referring physician's name (print)	Referring physician's signature	OHIP Billing #
Referring physician's direct phone:	Fa	ах:
Address:	E-	mail:

<u>*If patient's OHIP number, or physician's billing number is not provided, patient will not be booked</u>