



Apollo Cannabis Clinics is a constantly growing community of academic physicians and researchers working to improve the lives of patients using medical cannabis.

Fax complete package to:
1 866-821-0777 (Toll Free)
Is the patient rostered with FHT or FHO?
Y N

REFERRAL FORM

PATIENT INFORMATION

Patient's Name: _____ DOB: _____ MM/DD/YYYY Gender: _____

Patient's Address: _____ Phone: _____

Health Card #: _____ Health Card Expiry: _____ MM/DD/YYYY

E-mail: _____ Date: _____ MM/DD/YYYY

Is the patient a veteran? Y N

Reason for Assessment: Pain Anxiety Sleep Depression Cancer Fibromyalgia PTSD Other

Current medical conditions (please provide a copy of medical records, including consults + prior treatments and list any current medication)

History of Bipolar
 History of Schizophrenia
 History of Psychosis

REFERRING HEALTHCARE PROFESSIONAL

Healthcare Professional name (print) _____ Healthcare Professional signature _____ Billing # (If applicable) _____

Healthcare Professional phone: _____ Fax: _____

Address: _____ E-mail: _____