

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? ONO

	Refer to:
	REFERRAL FORM
PATIENT INFORMATION	
Patient's Name:	DOB: Gender:
atient's Address:	Phone:
lealth Card #:	Health Card Expiry:
	Date: MM/DD/YYYY
s the patient a veteran? Y N	MM/SS/TTT
Caregiver Name (If Applicable):	
	Caregiver E-mail:
Reason for Pain Anxiety	
Reason for Assessment: Pain Anxiety Current medical conditions (please provi	
Reason for Assessment: Pain Anxiety Current medical conditions (please proviany current medication)	Sleep Depression Cancer Fibromyalgia PTSD Others Depression Cancer History of Bipolar History of Schizophren History of Psychosis
Reason for Assessment: Pain Anxiety Current medical conditions (please proviany current medication)	Sleep Depression Cancer Fibromyalgia PTSD Others. de a copy of medical records, including consults + prior treatments and list History of Bipolar History of Schizophren
Reason for Assessment: Pain Anxiety Current medical conditions (please proviany current medication) REFERRING	Sleep Depression Cancer Fibromyalgia PTSD Others Depression Cancer History of Bipolar History of Schizophren History of Psychosis
Reason for Assessment: Pain Anxiety Current medical conditions (please proviany current medication) REFERRING Healthcare Professional name (print)	Sleep Depression Cancer Fibromyalgia PTSD Others Depression Cancer Fibromyalgia PTSD Others Depression Cancer Fibromyalgia PTSD Others Depression Fibromyalgia PTSD Others History of Medical records, including consults + prior treatments and list History of Bipolar History of Schizophren History of Psychosis G HEALTHCARE PROFESSIONAL