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 ◯

Refer to: _____

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 ◯

Caregiver Name (If Applicable): _____

Caregiver Phone #: _____ Caregiver E-mail: _____

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: _____