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

# CONSULT REFERRAL

Fax form to: **647.729.4766** (Toronto, ON)

Is the patient rostered with a FHT or FHO? Y  N

Assign to next available Physician? Y  N

Referral for Dr. \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_  
DD/MM/YYYY

Patient's Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Patient's OHIP #: \_\_\_\_\_

Reason for assessment	<input type="checkbox"/> Pain	<input type="checkbox"/> PTSD	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Other
Primary Diagnosis				
Current Medical Conditions <small>(Please provide a copy of medical records, including consults and prior treatments)</small>				
<input type="checkbox"/> History of Psychosis				
List of current medication and allergies <small>(Including dosage, duration of treatment)</small>				
List of medication that has been tried for the primary pain condition:				

## REFERRING PHYSICIAN

\_\_\_\_\_  
 Referring physician's name (print)                      Referring physician's signature                      OHIP Provider #

Referring physician's direct phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Patient has been informed that Medical Cannabis is rarely covered by insurance policies, including OHIP (except Veterans), and may cost in excess of \$7.00 a day**