READYTOGO
Dr. Michael Hart
642 Richmond St. London, ON
P: 226-700-9739
F: 1-866-893-6727

Patient Referral Form

Patient Information			
Last Name:	First Name:	Sex: ☐ Male ☐ Female ☐ Other	
Date of Birth (dd/mm/year):	OHIP # and VC:		
Address:	City:	Province:	Postal Code:
Phone #:	Email:	Alternate Contact Info:	

Reason for Referral ☐ Cannabis ☐ Ketamine

- ☐ Chronic Pain
- ☐ Fibromyalgia
- ☐ Cancer (Specify):
- ☐ Multiple Sclerosis
- ☐ Anxiety/Depression
- ☐ Autism Spectrum Disorder
- ☐ Brain Injury
- ☐ Other (Specify):
- ☐ Immune Disease (Specify):
- ☐ Neurodegenerative Disease (Specify):
- ☐ Epilepsy
- ☐ PTSD
- ☐ ADD/ADHD
- ☐ Migraines/Chronic Headaches
- ☐ Pelvic Pain/Endometriosis/PMS

Other Medical Condition(s)/Relevant Medical Information:

Current medications (can attach prescription history):

Referring Physician/Clinician Information	
Physician Name:	Address:
Phone:	Fax:
OHIP #:	Specialty:

Please attach any other relevant medical information (imaging, consult notes, lab results, etc.)
*Fax to **1-866-893-6727** or email **reception@readytogoclinic.com***