

NUMINUS

Dear Provider,

Numinus Wellness is a company providing mental health services including psychedelic-assisted therapies and other psychedelic treatments. We currently offer ketamine treatment for depression, anxiety, trauma, addictive disorders, and other mental health conditions, as well as the mental health impact of living with a chronic or serious medical illness.

Our ketamine treatments are flexible; our medical team will work with your client to determine a treatment plan that addresses their individual healing goals and needs. Our ketamine-assisted therapy Standard Program consists of two Preparation Sessions, three Ketamine-Assisted Therapy Sessions, three therapeutic Integration Sessions, and one Closing Session; the client is accompanied in all of the sessions with a highly trained therapist. We also provide medically supervised administration of ketamine without adjunctive therapy, as indicated, for clients with previous therapy experience. Many other combinations of Preparation, Ketamine-Assisted Therapy, and Integration Sessions are also possible. All treatment plans include a medical assessment where client safety and suitability are considered.

In addition, we also have a structured Spravato® treatment for eligible clients. Group ketamine treatment with associated therapy is also available for specific client groups.

Through Health Canada's Special Access Program, we also offer treatment with psilocybin for depression, addictive disorders, and the mental health impact of living with a chronic or serious medical illness, as well as treatment with MDMA for PTSD; these offerings are contingent upon Health Canada approval of the client and are intended for those with severe or life-threatening conditions that have not successfully responded to multiple other treatments. Our psilocybin and MDMA programs are structured, following a therapeutic protocol designed by our interdisciplinary team of experts; the exact program outline varies by condition.

No matter which treatment your client may be pursuing, medical suitability screening assessments at Numinus and follow-up are covered under provincial health care. Psychedelic treatments are currently not a medically insured service; thus, the remainder of the program for those deemed eligible is private pay, though coverage may be available to clients with extended health benefits (e.g., therapy).

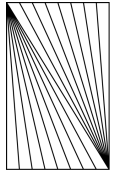
To refer your client for psychedelic-assisted therapy or psychedelic treatment, please complete the attached form and provide the additional information requested, as pertinent to your profession.

If you have any questions about the suitability of these treatments for your clients or wish to inquire further about our services, please contact the clinic manager by phone, fax, or email.

With Gratitude,

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The Numinus Clinical Team



### Client Referral Form

**PROVIDER INFORMATION**

Referring Provider		Provider Designation	Provider Billing #
Phone		Fax	
Address			
Family Physician (if different from above)		Phone	Fax

**CLIENT INFORMATION WITH PREFERRED CONTACT INFORMATION**

Last Name		First Name	Middle Name
Cell Phone	Alternate Phone	Email	

**PRIMARY INDICATION FOR REFERRAL FOR PSYCHEDELIC TREATMENT**

Depression  
 Anxiety  
 Trauma  
 Mental Health Impact of Living with a Chronic or Serious Illness  
 Addictive Disorder - \_\_\_\_\_  
 Other(s) - \_\_\_\_\_

**DOES YOUR CLIENT HAVE ANY OF THE FOLLOWING POTENTIAL CONTRAINDICATIONS? TICK ALL THAT APPLY**

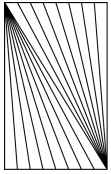
<u>Psychological / psychiatric:</u> <input type="checkbox"/> Active or chronic severe suicidality and self-injury <input type="checkbox"/> Current primary psychotic disorder <input type="checkbox"/> History of mania / bipolar disorder <input type="checkbox"/> History of borderline personality disorder <input type="checkbox"/> History of dissociative identity disorder (DID) <input type="checkbox"/> History of violent or aggressive behaviour <input type="checkbox"/> Active or unstable substance use disorder that is not the indication for treatment	<u>Medical:</u> <input type="checkbox"/> Uncontrolled high blood pressure <input type="checkbox"/> Allergic reaction to ketamine <input type="checkbox"/> History of ketamine abuse <input type="checkbox"/> Acute angle glaucoma <input type="checkbox"/> Uncontrolled thyroid disorder <input type="checkbox"/> History of seizure disorders <input type="checkbox"/> Sleep apnea <input type="checkbox"/> Pregnancy <input type="checkbox"/> History of heart disease <input type="checkbox"/> History of stroke or brain aneurysm <input type="checkbox"/> Active liver disease (severe)	<u>Demographic:</u> <input type="checkbox"/> Under the age of 15 <input type="checkbox"/> Not a Canadian resident <input type="checkbox"/> Not fluent in English <input type="checkbox"/> Not fluent in French
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Unfortunately, we are NOT able to accept a client who:

- Is not fluent in the treating language of the therapist
- Has an active employment-related health claim unless authorized or unrelated to the condition being treated
- Is a non-Canadian resident (psilocybin and MDMA programs only)

**PLEASE ATTACH (IF AVAILABLE AND PERTINENT TO YOUR PROFESSION)**

<input type="checkbox"/> Relevant past psychiatric / psychological evaluations as applicable	<input type="checkbox"/> Past medical history summary <input type="checkbox"/> Current/active issues list	<input type="checkbox"/> ECG, TSH, AST/ALT, Creatinine/eGFR (within 6 months) if available
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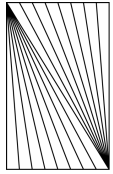
PLEASE RECORD INFORMATION ON THERAPEUTIC MODALITIES THE CLIENT HAS TRIED HERE, INCLUDING WHAT HAS HELPED, WHAT HAS NOT HELPED, AND CURRENT TREATMENT DIRECTION (IF AVAILABLE AND PERTINENT TO YOUR PROFESSION)

Empty space for recording therapeutic modalities.

PLEASE RECORD ANY OTHER RELEVANT MEDICAL, PSYCHIATRIC, OR PSYCHOLOGICAL INFORMATION HERE

Empty space for recording other relevant medical, psychiatric, or psychological information.

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Provider Checklist

Please confirm,

Required:

- The referral form has been completed and signed
- The client's current and past history are included, as relevant to the treatment and your profession

If available:

- Past psychiatric / psychological or mental health evaluations are included
- Overview of therapeutic modalities the client has tried are included
- Investigations (completed within the past 6 months) are included
- ECG
- TSH (Thyroid Function)
- AST/ALT (Liver Function)
- Creatinine/eGFR (Renal Function)

Please fax the referral form with attached information to:

### Numinus | Vancouver

208-2555 Commercial drive,  
Vancouver, BC, V5N 4C1  
Phone: 1 (604) 423-5790  
Fax: 1 (604) 423-5791  
Email: [INFO-BC@NUMINUS.COM](mailto:INFO-BC@NUMINUS.COM)

### Numinus | Montreal | 393 Laurier West

393 Laurier West  
Montréal, QC, H2V 2K3  
Phone: 1 (514) 481-0317  
Fax: 1 (438) 858-4145  
Email: [INFO-QUEBEC@NUMINUS.COM](mailto:INFO-QUEBEC@NUMINUS.COM)

### Numinus | Toronto

491 Eglinton Ave West, Unit 100  
Toronto, ON, M5N 1A8  
Phone: 1 (416) 860-7554  
Fax: 1(416) 860-7559  
Email: [INFO-ONTARIO@NUMINUS.COM](mailto:INFO-ONTARIO@NUMINUS.COM)

To learn more about our psychedelic treatments, visit: <https://numinus.com/category/psychedelics> or call us at 1- 833-686-4687