## IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL: **IMMEDIATELY** Vancouver -Name: CoastalHealth Birthdate: PHN: **COMMUNITY HEALTH** MEDICATION RECONCILIATION RECORD PARIS ID: Program: Page 1 of Allergies/Adverse Reactions: List all medications the client is currently taking, including nonprescription drugs, herbals, samples, trial drugs and medications obtained out of the Province or over the Internet. Faxed to: (Fax) (Date) (Name) **Current Medications: Medication History: Medication Reconciliation:** Date:\_ Date: Designation: \_\_\_\_ Designation: Designation: \_ Source of Information: Verified by: Recorded by: Reconciled by: ☐ PharmaNet As listed Continue as per Medication History ☐ Client ☐ Taking differently (specify): ☐ Med Profile ☐ No longer taking; last taken at (date): ☐ Discontinue from: To be managed by other prescriber (name): Other: unable to verify At client's discretion ☐ PharmaNet ☐ As listed Continue as per Medication History ☐ Client New directions: ☐ Taking differently (specify): from: ☐ No longer taking; last taken at (date): Discontinue To be managed by other prescriber (name): Other: unable to verify At client's discretion ☐ PharmaNet ☐ As listed Continue as per Medication History Client ☐ Taking differently (specify): New directions: ☐ Med Profile from: ☐ No longer taking; last taken at (date): Discontinue To be managed by other prescriber (name): Other: unable to verify At client's discretion ☐ PharmaNet As listed Continue as per Medication History Client ☐ Taking differently (specify): ☐ Med Profile ☐ Discontinue from: ☐ No longer taking; last taken at (date): To be managed by other prescriber (name): Other: unable to verify At client's discretion ☐ PharmaNet As listed Continue as per Medication History Client ☐ Taking differently (specify): ☐ Med Profile from: ☐ No longer taking; last taken at (date): Discontinue To be managed by other prescriber (name):

At client's discretion

unable to verify

Other:

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Vancouver	Name:
CoastalHealth Promoting wellness. Ensuring care.	Birthdate:
COMMUNITY HEALTH	PHN:
MEDICATION RECONCILIATION RECORD	PARIS ID:
Page of	Program:

	<b>Current Medications:</b>	Medication History:	Medication Reconciliation:
Source of	Date: Designation:	Date: Designation:	Date: Designation:
Information:	Recorded by:	Verified by:	Reconciled by:
PharmaNet		As listed	Continue as per Medication History
Client		☐ Taking differently (specify):	New directions:
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Other:		unable to verify	To be managed by other prescriber (name).
			At client's discretion
☐ PharmaNet		☐ As listed	Continue as per Medication History
Client		☐ Taking differently (specify):	New directions:
☐ Med Profile from:		No longer taking; last taken at (date):	Discontinue
mom.		into longer taking, last taken at (date).	To be managed by other prescriber (name):
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☐ Client ☐ Med Profile		Taking differently (specify):	New directions:
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			To be managed by other prescriber (name):
Other:		unable to verify	
			At client's discretion
☐ PharmaNet☐ Client		As listed	Continue as per Medication History
☐ Med Profile		Taking differently (specify):	New directions:
from:		☐ No longer taking; last taken at (date):	☐ Discontinue
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☐ PharmaNet		□ Ap listed	At client's discretion
☐ Client		As listed Taking differently (specify):	Continue as per Medication History  New directions:
☐ Med Profile		Taking unreferrity (specify).	New directions.
from:		☐ No longer taking; last taken at (date):	Discontinue
Other:		Unable to waif	To be managed by other prescriber (name):
Ouidi.		unable to verify	At client's discretion