

UBC Pharmacists Clinic

Faculty of Pharmaceutical Sciences - Pharmacists Clinic
Second Floor, 2405 Wesbrook Mall Vancouver, BC V6T 1Z3

Phone: Fax:

Prepared by:

Prepared on:

PATIENT

| | | | | | |
|--------------------------------|--|----------------|--|----------|--|
| First and Last Name: | | PHN: | | Gender: | |
| | | Date of Birth: | | Phone #: | |
| Known allergies and reactions: | | | | | |

FAMILY PHYSICIAN

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|------------|--|----------|--|--------|--|
| Full Name: | | Phone #: | | Fax #: | |
|------------|--|----------|--|--------|--|

BEST POSSIBLE MEDICATION HISTORY (BPMH)

MEDICATIONS I TAKE

| WHAT I TAKE | HOW I TAKE IT | WHY I TAKE IT | INSTRUCTIONS |
|-------------|---------------|---------------|--------------|
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☒ Patient was asked and is taking the non-prescription or natural health products listed above, or otherwise not taking any at this time

Notes:

PATIENT ACKNOWLEDGEMENT

My pharmacist has explained to me the purpose of a medication review service. I agreed that I could benefit from this publicly funded service. The review was conducted in a place that respected my privacy. During the appointment my pharmacist fully explained any medication changes or concerns to me. At the end of the medication review appointment, my pharmacist gave me a list of my current medications. The list includes any changes resulting from the medication review service provided.

Signature of patient (or patient's legal representative)

Date

Attention Health Care Professionals: Sources of information in this document include (but are not limited to) PharmaNet, local pharmacy data and the patient. The patient is responsible for the accuracy and completeness of the data they provided when this document was prepared and for advising the pharmacist of any change to these medications. The pharmacist is responsible for information in this document that changed as a result of providing a medication review service to the patient.

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