UBC Pharmacists Clinic

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

Prepared by:

Second Floor, 2405 Wesbrook Mall Vancouver, BC V6T 1Z3							
Phone: Fax: Prepared on:							
PATIENT							
First and	PHN:			Gender:			
Last Name:	Date of Birth:			Phone #:			
Known allergies							
and reactions:							
FAMILY PHYSICIAN							
Full Name:	Phone #:			Fax #:			
BEST POSSIB	LE MEDICATI	ON HISTO	RY (BPMF	1)			
MEDICATIONS I TAKE			•	•			
WHAT I TAKE	HOWIT	TAKE IT WHY I		TAKE IT	INSTRUCTIONS		
Patient was asked and is taking the non-prescription or natural health products listed above, or otherwise not taking any at this time							
Notes:				<u> </u>			
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 me Signature of patient (or patient's legal representative)	dications. The list includ	des any changes r	esulting from the Date	medication review	service provided.		
S.G. searce of patient (or patient s regar representative)			Juic				

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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Phone:

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