





This is a schematic representation of

Ontario				
Health Quality Ontario				
Qualité des services de santé Ontario				

BEST POSSIBLE N	ИEDICATI	ON HISTO	PRY		itial elements of se in paper or ele		s.	Date:		
Sources of Information Use to Complete History: (please check all that apply) Patient interview					PATIENT'S NAME:					
Caregiver interview Medication vials / boxes Blister packs					COMMUNITY PHARMACY NAME: Phone Number:					
Patient's own list Community pharmacy profile MedsCheck					Medication Management: Self-administration Caregiver administration					
 Ontario Drug Benefits Drug Profile Viewer Specialist letter Hospital Discharge Summary Best Possible Medication Discharge Plan Rapid Response Nurse BPMH 				Compliance pa No Yes If yes, Medication All	, Pharmacy filled blister pack Personal dosette					
Ontario Telen	nedicine Netw				Reaction:	ei gies.				
Medication Name	Dose	Route	Frequency	Indicat	ion	Start Date	Prescriber	Comments		
Determine pra documentation gu (e.g., brand names names, combin products et	uidelines v. generic ation							Include additional information that would provide value in establishing the patient's medication regimen		
Are there differed between the BF compared to what documented in the chart? BPMH completed by:				PMH hat is Recomme patient's nurse or ph on possil		nurse or pha	endations by the narmacist to PCP ble options for of the discrepancy			
DECONCULATION	I DI AN									
RECONCILIATION PLAN Discrepancies Identified Suggested R			Resolution Plan		Reconciliation Decision					
Reconciliatio	n complet	ted by:								

RECONCILED MEDICATION LIST FLOWSHEET								
Medication Name	Dose	Route	Frequency	Indication	Prescriber	Date/Initials	Ho Chards Hodith	
				econciled list shoul				
				current and accura				
				edication list that i ted at each subseq				
			араач	patient visit	dene			
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