Ontario

Ministry of Health
and Long-Term Care

MedsCheck

MedsCheck Patient Acknowledgement of Professional Pharmacy Service

To be completed annually for MedsCheck Professional Pharmacy Services (excluding MedsCheck for Long-Term Care Home residents). To be filed at the pharmacy for documentation and auditing purposes. Please cross-reference with accompanying MedsCheck reviews. Please provide a copy to the patient +/or patient's agent

Patient Information

Last Name			First Name	
Unit Number	Street Number	Street Name		PO Box
City/Town		Province		Postal Code
Telephone Number	Email Address (if available)			

Pharmacy Information

Pharmacy Name

Unit Number	Street Number	Street Name		PO Box
City/Town		Province		Postal Code
Telephone Number	Fax Number	Email Address (if available)		

MedsCheck reviews typically occur at the pharmacy where there is a sufficient level of privacy that ensures patient confidentiality. A pharmacy team member will explain which program is best suited to your needs; this form is completed annually at any pharmacy that provides the program. Professional Pharmacy Services may include:

☐ MedsCheck Annual ☐ MedsCheck Follow-up ☐ MedsCheck for Diabetes Annual ☐ Diabetes Education Follow-up

☐ MedsCheck at Home (also includes a medication cabinet clean-up and pharmacist disposal of unused medication from the patient's home with the patient's understanding)

- MedsCheck is a service that patients participate in voluntarily and is sponsored by the Ontario government.
- Information about the MedsCheck program is available on the Ontario government and Ontario Pharmacists Association websites and/or on the Government patient brochure.
- MedsCheck includes a completed MedsCheck Personal Medication Record that is signed and dated by the pharmacist. The completed MedsCheck form aims to resolve real or potential drug therapy related problems identified by you, the pharmacist or your primary care provider.
- The accuracy of the information on the final MedsCheck document depends on the accuracy and completeness of the information provided by the patient at the time the MedsCheck was performed.
- The completed MedsCheck document and this patient acknowledgement demonstrate that both parties have an understanding of the MedsCheck program and the process.
- As a member of your health-care team, your pharmacist may confidentially share the completed MedsCheck with other health care professionals to ensure that the relevant members of your health care team are up to date on your current medication profile. Exchange of the MedsCheck Personal Medication Review will be done so in a manner to ensure secure transfer of patient health information.

Patient Acknowledgement

By signing this form, you are acknowledging participation in an in-person MedsCheck medication review with a pharmacist associated with the pharmacy noted above. It may be necessary for the pharmacist to discuss and share your health information with other health care professionals (e.g., physicians, nurses, etc.) in accordance with generally accepted medication therapy management principles. Your signature below will indicate that you acknowledge the secure exchange of information and your agreement to the MedsCheck service.

Patient/ Agent Signature	Date (yyyy/mm/dd)

Comments

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ONTARIO PHARMACISTS ASSOCIATION