Ontario

Ministry of Health
and Long-Term Care

MedsCheck

Patient Take-Home Summary

Patient Information

Last Name	First Name
Date of Birth (yyyy/mm/dd)	Telephone Number

Pharmacy Name

Pharmacy Address

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

Summary of Today's Discussion

My Goals

What I Will Do To Get There

List of Resources and Contacts Provided

Referrals Information

The MedsCheck Program is a voluntary program sponsored by the Ontario Government. The MedsCheck patient take-home summary may be offered to you in addition to your MedsCheck Personal Medication Record

Prepared By

Pharmacist Full Name (Last Name, First Name)

Date of MedsCheck Review (yyyy/mm/dd)

Patient's Signature	Pharmacist's Signature

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ONTARIO PHARMACISTS ASSOCIATION