DE NOVO TREATMENT CENTRE – MEDICATION RECONCILIATION

Please complete this form and return to De Novo Treatment Centre (Fax: 705-788-2607) (Email: Admissions@denovo.ca) (Phone: 1-800-933-6686 or 705-787-0247)

Client Name:		DOB:		
Address:		Phone:	Phone:	
Please complete either BOX A <u>or</u> BOX B but not both.				
BOX A ☐ I am NOT prescribed any medication or self-administering any over-the-counter medication or supplement. I will not be arriving with any medication or supplement.				
Client Signature		Date		
BOX B – Complete this section with your prescriber or pharmacist. ☐ I AM PRESCRIBED medications and/or supplements by my qualified health care provider. I have documented a summary of my prescribed medications (below) or attached a summary of my medications from my pharmacy or the qualified health care provider who is prescribing the medications. ☐ I am taking OVER THE COUNTER (OTC) MEDICATIONS OR SUPPLEMENTS NOT PRESCRIBED, and my qualified health care provider considers them safe and appropriate for me to take while in residential treatment. ☐ I am on a SMOKING CESSATION PLAN supported by my qualified health care provider.				
Client Signature Date		Date		
Medication/Product Name	Reason for Taking	Dosage - Time	Prescribed or OTC	
Prescriber / Pharmacist Contact Information: Name: Address: Fax:			Stamp	
Signature:		Date:		

MEDICATION RECONCILIATION ADDITIONAL COMMENTS OR INFORMATION