

# REFERRAL FORM

Pharmacy Home Monitoring Program  
Dispensing a Healthy Lifestyle

Please **Fax the Prescription** with this Referral Form. Kindly provide sufficient notice to ensure a timely start of the service

**Reason for Referral:**

If requesting daily medication administration (e.g., oral witness ingestion, daily patch administration, daily non-insulin injection, etc.) please handwrite "Daily Dispense" on the prescription.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Conditions/Medical History:**

Please attach any discharge summaries, admission notes, MTRs, etc., available to you to help us better serve the patient.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Patient Unique Needs:**

|                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Dexterity  |
| <input type="checkbox"/> Visual    | <input type="checkbox"/> Swallowing |
| <input type="checkbox"/> Hearing   | <input type="checkbox"/> Language   |
| <input type="checkbox"/> Other:    |                                     |

**Extra Supply of Medications:**

In the event of Pandemic Response, Extreme Weather, or Poor Road Conditions (e.g., Snow, Windstorm, Road Closures etc.) is the pharmacy allowed to issue an extra supply of medications for the patient based on the discretion of the pharmacist?

YES                       NO

OTHER: \_\_\_\_\_

**Referral Information:**

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Patient Demographics:**

Patient Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
D.O.B. (dd/mm/yyyy): \_\_\_\_\_ Cell: \_\_\_\_\_  
Care Card #: \_\_\_\_\_ Allergies/Intolerances: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ Gender:  Male  Female  Other  
Address (with special instructions): \_\_\_\_\_

**COVID-19 Vaccination Status:**

Fully Vaccinated                       Medically Exempted  
 Partially Vaccinated                       Unknown

**Caregiver**

**Information:** Family/Caregiver (Relationship): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Physician/Clinician**

**Information:** Family Physician/Clinician: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Specialist (Type): \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Case Manager:**

Name: \_\_\_\_\_  
Health Unit: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please check off services required:**

- Daily witnessed ingestion of oral medications\*
- Daily delivery of medications\*
- Daily Pre-Filled Syringe Injections\*
- Transdermal Patch
- Application/Removal\*
- Blister Packaging\*\*
- Smart Dispenser & Smart Blisterpack
- Weekly/Biweekly/Monthly Injections
- Insulin Injection and/or Training
- Blood Glucose Monitoring
- Blood Pressure Monitoring
- Pulse Oximetry Monitoring
- Customized Dosage Forms – Liquid or Crushed Medications
- Device teaching (e.g., Inhalers, BP Machines, Glucometers etc.)
- Diabetes Education including Insulin Pump Training
- Continuous Glucose Monitoring System Application (e.g., Dexcom G6, FreeStyle Libre)
- Home Visit Vaccination
- Other: \_\_\_\_\_

\* Needs Daily Dispense instruction from physician/clinician on prescription

\*\* Please indicate if patient is part of IMMP program and indicate frequency

Fax Reports (e.g., DWI, BP, BG, Insulin Doses, etc.) to: \_\_\_\_\_ Name: \_\_\_\_\_  
Frequency of Reports: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Weekly  Biweekly  Monthly

The cost to the patient is based on their Fair Pharmacare deductible for medications. There is no additional charge to the patient for our "Pharmacy Home Monitoring Program" service. The pharmacy gets paid up to a maximum of three dispensing fees daily (3 x \$10) regardless of number of medications for the patients on a daily monitoring program. The pharmacy gets paid up to a maximum of five dispensing fees weekly (5 x \$10) regardless of number of medications for patients on a weekly monitoring program. The pharmacy utilizes these dispensing fees to fund the cost of ongoing home visits by LPNs, Care Aids, and other staff in addition to the services that are part of our "Pharmacy Home Monitoring Program".