

Central Fill Pharmacy Ltd .104A 8140 120th Street, Surrey, BC  
Email: [hello@nurserrx.ca](mailto:hello@nurserrx.ca) Phone: 604.593.1788 Fax: 604-593-1769

PRIVATE AND CONFIDENTIAL

The logo for NurseRX, featuring the word "NurseRX" in a bold, dark blue sans-serif font. The "RX" is slightly larger and more prominent than "Nurse". The text is centered within a bright yellow rectangular background.

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**Please complete and return this form to us by email or fax.**

**Initial Assessment Form for Nurse-Led Medication Management Program**

**Contact Information**

**Full Name:**

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**Date of Birth:**

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**BC Personal Health Number:**

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**Address:**

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**Phone Number:**

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**Cell Phone:**

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**Email:**

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At-Home Medication Care By Nurses® (A Central Fill Pharmacy Ltd program )  
Phone: 604.593.1788 Fax: 604-593-1769  
Email: [hello@nurserrx.ca](mailto:hello@nurserrx.ca)

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Emergency Contact Name:

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Relationship:

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Emergency Contact Phone:

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#### Doctors Information

Primary Care Physician Name:

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Physician Phone Number:

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Physician Email Address:

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PRIVATE AND CONFIDENTIAL



Health Information

**Known Allergies:**

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**Past Medical History (e.g., diabetes, hypertension):**

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**Surgical History:**

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**Current Medications:**

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**Specific Concerns with Current Medication (e.g., side effects, efficacy):**

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**Difficulty with Medication Adherence (e.g., forgetting doses, difficulty getting to a pharmacy etc):**

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**Previous experiences with Medication Management Programs:**

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**Consent to Share Information with Healthcare Providers:**

YES / NO

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**Acknowledgment of Privacy Policy:**

YES / NO

**Program Specifics/Goals for Joining the NurseRX Program (e.g., better control of a health condition):**

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**Preferred Days/Times for Nurse Visit:**

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**Name of Referring Source:**

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**Desired Start Date:**

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**Location:**

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