

First Nations Health Authority Health through wellness

C THE UNIVERSITY OF BRITISH COLUMBIA

Pharmacists Clinic Faculty of Pharmaceutical Sciences

Speak with a Pharmacist

Do you have questions about your medications?

You can speak with a pharmacist if you have medication-related concerns or questions.

Topics may include:

- Concerns around taking too many medications
- Medications after a recent hospital stay
- Difficulty taking medications
- Allergies or medication sensitivity
- More information on natural health products or supplements

What you can expect when you speak to our pharmacists

- Cultural safety as a priority, with our pharmacists receiving ongoing training
- An individual appointment, where you can include your family members, a friend or nurse involved in your care
- A consultation that will be conducted by phone or video depending on your preference
- A better understanding of your health and medications
- Information to enhance your ability to manage your own medications
- Ongoing support with medication changes

How to schedule an appointment

People who would like to speak to a clinical pharmacist can set up a phone or video appointment, which can be arranged in the following ways:

- by contacting Health Benefits at: 1-855-550-5454 for support or a referral
- through a nurse or community health care worker who can refer and help set up an appointment
- through a referral from First Nations Virtual Doctor of the Day
- by contacting the UBC Pharmacists Clinic directly by calling 604-827-2584, or online to set up an appointment with a Pharmacist: <u>http://pharmsci.ubc.ca/pharmacists-clinic</u>

To find out more about healthy medication use, visit: <u>fnha.ca/coyotestory</u>





Pharmacists Clinic Faculty of Pharmaceutical Sciences

Phone 604 827 2584 Fax 1 866 229 3779 pharmacists.clinic@ubc.ca

First Nations Client Referral to Clinical Pharmacist

Services provided by the UBC Pharmacists Clinic

Instructions	Next Steps		
 Fill out as many fields below as possible Attach relevant documents and medical history Submit by: a. Fax: 1 866 229 3779 b. Secure Email: <u>https://medinetmail.ca/cgi-bin/pharmclinic/pc_signup.cgi?appttype=CU</u> Tell the client a referral was submitted 	 Client will be contacted directly to book their appointment Client will receive a follow-up information by e-mail Referring person will receive a notice of appointment within 1-2 weeks 		

Referred By

Referral Source	Name of Staffperson
 Doctor of the Day Virtual Substance Use and Psychiatry Services Health Benefits Program 	
	Phone and Fax
Local Health Centre	

Client Information

Legal Name*		Name Used		
Personal Health Number	Date of Birth (D/M/)	() Gender*	Pronouns	
Address (number, street, ci	ty, province, postal co	de)		
Phone E		mail Address		
Usual Pharmacy (name, loc	ation, phone)			

* Legal name and gender as stated on your BC Services Card is collected to access health records. We recognize that a person's name and gender can differ from what is on their government issued ID.s

Details

Reason(s) for Referral					
Send a Copy of Consultation Report To					
Name	Phone	Fax			

Where **PATIENTS** meet **EXPERT CARE**.