Miracle Prescriptions

North Vancouver . Part of Mint Health + Drugs

Patient Referral Form

Complete and fax to (604) 770-2035 with the patient's medication list and discharge summary. Urgent: call (604) 770-2030.

Patient information

Patient name

Date of birth

Personal Health Number (PHN)

Phone

Address

Primary contact or substitute decision maker

Referring provider

Name and role

Organization

Phone

Fax

Reason for referral (check all that apply)

- [ ] Compliance packaging (pouch or blister) with delivery
- [ ] At-home medication administration (including insulin)
- [ ] Opioid agonist treatment dispensing
- [ ] Recent hospital discharge: medication reconciliation needed
- [ ] Home medication monitoring and nurse visits
- [ ] Post-surgical support or wound care
- [ ] Compounded preparation
- [ ] Other (describe in clinical summary)

Clinical summary

Attachments

- [ ] Current medication list
- [ ] Hospital discharge summary
- [ ] Other