Ontario
North East Local Health Integration Network
Réseau local d'intégration des services de santé du Nord-Est

Surname:	First Name:
CHRIS #:	Date of Birth (DD/MM/YYYY):
HCN:	Version Code

Referral for NE LHIN Services – Medication List

NOTE: A current medication list is recommended with each referral to the North East LHIN Home and Community Care. You may use this form or provide a current medication list using your own agency-specific/primary care provider's form if it contains the following information:

Patient's Last Name:	First Name:
Date of Birth (DD/MM/YYYY):	Health Card: Version Code:
Primary Pharmacy Name:	Do you believe the patient to be compliant with his/her medications? ☐ Yes ☐ No
Allergies:	

LIST OF ALL MEDICATIONS:

(including prescription, over the counter, and herbals)

Medications	Dose/Amount	Route/Frequency	Comments

Comments:

Referring Party Name/Designation (Print): Date (DD/MM/YYYY):

Referring Party Signature: