Vancouver CoastalHealth
Promoting wellness. Ensuring care.

PARIS PRIMARY ACCESS
Regional Information System

CLIENT MEDICATION PROFILE

Name:	**PARIS ID:**
DOB: **Age:**	**PHN:**
Gender:	**Phone:**
Address:	**GP:** **GP Phone:**

Pharmacies - Current

Pharmacy	Address	Phone/Fax

Allergies - Current

A / S	Date Entered	Allergen	Reaction	Comment

Medications - Current

Type: ☐ Non-Prescription ☐ Prescription **Medication:**

Dose: **Route:** **Freq:** **PRN** ☐

Medication Instructions:

Start Date: **End Date:** **MAD-R** ☐

Authorized Prescriber: **ID:** **GP?** ☐

Reported by Client/Caregiver? ☐ **Verbal/Telephone Order?** ☐ **Order Request Faxed?** ☐ **Confirmed (Written Order Received)?** ☐

Comments:

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Type: ☐ Non-Prescription ☐ Prescription **Medication:**

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Comments:

Type: ☐ Non-Prescription ☐ Prescription **Medication:**

Dose: **Route:** **Freq:** **PRN** ☐

Medication Instructions:

Start Date: **End Date:** **MAD-R** ☐

Authorized Prescriber: **ID:** **GP?** ☐

Reported by Client/Caregiver? ☐ **Verbal/Telephone Order?** ☐ **Order Request Faxed?** ☐ **Confirmed (Written Order Received)?** ☐

Comments:

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

-- End of Report --