PRESCRIPTION EXTENSION

Information required to prepare your consultation

To avoid interruption of treatment before your next doctor's appointment, your pharmacist can extend certain medical prescriptions for a limited duration.

Your pharmacist needs to know several pieces of information to best serve you. By offering all the information needed, you can help your pharmacist complete his/her work. The information gathered will be stored confidentially in your record.

Once the questionnaire has been completed, bring it to the consultation with the pharmacist, who will meet with you to assess the situation with you and decide whether or not to extend your prescription.

Section 1 - GENERAL INFORMATION	
Last name	First name
Gender M □ F □	Date of birth/
Family doctor	I don't have a family doctor □
Do you have allergies or intolerances to medications, for	ods or any other substances?
Are you taking medications or natural products that are	not indicated in your pharmacy record?
Do you smoke? Yes □ No □ How much do you weigh? kg lb	If so, how many cigarettes per day?
Are you pregnant? Yes \square No \square It's possible \square	If so, what is your due date?/
Are you breastfeeding? Yes □ No □	
Section 2 - PRESCRIPTION INFORMATION	
Is your medication effective? Yes \square No \square I don't	know □
When were your last blood tests done?//	I don't know □
Do you have symptoms that you associate with your me	edication (side effects)? Yes \square No \square I don't know \square
If so, what are they?	

Remember that a prescription extension does not replace a medical follow-up. Your health status can change.

A medical follow-up is essential. Make an appointment with your doctor promptly.

TAKE CARE OF YOUR HEALTH!