

Hafez Pharmacy Home Medication Management Program



At **Hafez Pharmacy and Travel Clinic**, we provide **free daily nursing visits** to support **medication administration** and **vital signs monitoring** in the comfort of your own home.

Led by a **dedicated Registered Nurse** with experience as a Care Manager in long-term care, alongside an **experienced Pharmacist** with extensive knowledge in medication management and chronic disease support, our program is designed to provide compassionate, professional care tailored to the needs of each patient.

Daily Home Visits Include:

- ✓ **Medication administration and education**
- ✓ **Application of topical patches**
- ✓ **Instillation of eye and ear drops**
- ✓ **Assistance with inhalers and injections**
- ✓ **Monitoring of blood glucose, blood pressure, and heart rate**
- ✓ **Medication review by the pharmacist**
- ✓ **Other personalized care services** outlined in the patient's care plan

Who Can Benefit?

This program is ideal for patients who:

- Require daily medications but face challenges due to complex health conditions, physical limitations, or cognitive barriers.
- Need assistance with daily medication administration.
- Have been recently discharged from the hospital or are in a transitional phase, requiring additional support at home.

- ✓ **Additional visits may be available** (additional fee applies for more than one visit per day).
- ✓ **Serving Fraser Valley & surrounding areas**

Comprehensive Healthcare Support:

In addition, Hafez Pharmacy has access to **20 Online Doctors at No Cost** to help patients with:

- Prescription refills**
- Free same-day appointments**
- Consultations for ongoing health concerns**

This service provides **convenience** and **timely medical assistance**, eliminating the challenges patients may face when needing urgent **prescription adjustments** or **medical evaluations**.



**HAFEZ PHARMACY &
TRAVEL CLINIC**

Cost & Insurance Coverage:

At **Hafez Pharmacy**, we offer **daily nursing home visits at no cost to the patient.**

The only expense for patients enrolled in our Home Medication Program is their **prescription medications from Hafez Pharmacy**. If these costs are covered by **insurance** or **PharmaCare**, **the patient pays nothing at all for the service**, promoting peace of mind for both patients and their families.

Get the Care You Deserve

If you or a loved one could benefit from **personalized medication management** and **online doctor consultations**, we're here to help!

 **Contact us today** to discover how our **dedicated pharmacy and nursing team** can support your health.

 **Physicians can fill out our referral form below and fax it along with prescriptions to Hafez Pharmacy and Travel Clinic.**

Hafez Pharmacy and Travel Clinic

Home Medication Management Program Referral Form

Reason for Referral:

(If requesting daily witnessed ingestions and/or administration, please indicate "daily dispense on the prescriptions")

Referral Information

Referred By (Name & Organization): _____
Phone: _____
Fax: _____
E-Mail: _____
Date: ____ / ____ / ____

Patient Medical Conditions/History:

(Briefly summarize the patient's medical conditions and unique needs. Attach pertinent notes if necessary.)

Patient Information

Patient Name: _____
Phone: _____ Date of Birth: _____
PHN: _____
Gender: Male Female Other
Address: _____
Family/Caregiver Name & Contact
Info: _____

Services Requested

- Daily Witnessed Ingestion (please indicate on prescriptions too)
- Daily Medication Administration (please indicate on prescriptions too)
- Blister Packaging (Frequency: Weekly Monthly)
- Opioid Agonist Treatment
- IM/SC Injections
- Transdermal Patch Application
- Pharmacist Home Visit & Medication Review
- Blood Pressure Monitoring/Training
Frequency: _____
- Blood Glucose Monitoring/Training
Frequency: _____
- Weight

Signature: _____

Contingency Supply of Medication:

In the event of extreme weather or circumstances, is the pharmacy permitted to issue an extra supply of medication at its discretion?

- Yes
- No

Weekly or Monthly Reports

Our clinical staff can summarize data and fax a weekly report to your office. Opt in by providing a recipient name and fax:

Name: _____

Fax: _____

Frequency: Weekly Monthly

This Home Medication Management Program by Hafez Pharmacy is offered at no additional cost to the patient*

Please fax completed forms and accompanying prescriptions to 604-852 8492

 **Referral E-mail:** info@hafezpharmacy.ca  **Telephone:** 604-852-8355  **Fax:** 604-852 8492
Address: 2669 Langdon St #108, Abbotsford, BC V2T 3L3 www.hafezpharmacy.ca