Manitoba
Health

Palliative Care Drug Access Program Application

The Palliative Care Drug Access Program's purpose is to facilitate access to eligible pharmaceuticals on a no cost basis to a terminally ill patient, who wishes to remain in the community as an alternative to requiring admission to a health care facility.

Section (A) Applicant's personal information (Please Print)
I hereby request coverage under the Manitoba Health –Palliative Care Drug Access Program.

Surname	First Name	Middle Name

Manitoba Health Registration Number	Personal Health Identification Number (PHIN)

Mailing Address

Postal Code	City/Town	Province

Patient's Signature	Date

To be completed by guardian, legal representative or parent (if patient is under the age of 18)

I am the Patient's: ᴨ Guardian   ᴨ Legal representative   ᴨ Parent

Surname	First Name	

Signature	Date	Telephone No.

Section (B) To be completed by the attending Physician
I hereby certify that this patient meets the criteria for Palliative Care Drug Access Program.

Patient's eligibility is contingent on meeting all enrolment criteria below :

ᴨ The applicant requires prescribed eligible pharmaceuticals to support the palliative care plan.

ᴨ The applicant's primary pharmaceutical needs are for comfort-focused care.

ᴨ The applicant and/or their family understand, and agree with the plan for comfort-focused care.

Attending Physician's Name (Please Print)	Physician's License No.	Telephone No.

Patient's Primary Diagnosis	Other Diagnosis

Signature	Date

Section (C) To be completed by the Regional Health Authority Palliative Care Coordinator or Regional Designate

ᴨ The applicant is enrolled in a Regional Health Authority Palliative Care Program and is receiving program services.

Palliative Program Enrolment Date: (dd/mm/yy)	Application Date to Drug Access Program:(dd/mm/yy)	Palliative Program Withdrawal Date: (dd/mm/yy)

Palliative Coordinator Signature	Date	RHA No.	Telephone No.	Fax No.

Office Use Only

Date Received from RHA	Effective Date	Notification of Withdrawal from RHA Receive Date	
Date RHA Notified	Verified By	DPIN Validation Completed	Verified By

In order to process this application as quickly as possible, please ensure information required is complete.
11/02   *(Français au verso)*