AGE WELL℠
CONFIDENT AGING STARTS HERE.

agewellvt.org
Helpline: 1-800-642-5119
P 802-865-0360
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875 Roosevelt Hwy, Ste. 210
Colchester, VT 05446

RE: Age Well's HomeMeds Program Release of Information Form

I, _____ (name of client) agree to participate in Age Well's HomeMeds Medication Management program. I understand that the program will review my current prescription medications, over-the-counter medications and supplements, to screen for safety and potential problems that could affect my quality of life.

I understand that the medications may be reviewed by a pharmacist from Care RX, who will contact my physician if any potential issues or problems regarding your medication intake are identified. I give Age Well permission to share this information with the pharmacist and with my Primary Care Physician_____, MD (Name of Physician).

I have provided all of the information about my current prescription medications, over-the-counter medications and supplements that I currently take. I understand that the pharmacist will contact my physician with recommendations if medication interaction problems are identified.

Signature: _____

Date: _____

Age Well is a nonprofit organization that serves Addison, Chittenden, Franklin and Grand Isle Counties and is the largest Meals on Wheels provider in Vermont. Our mission is to provide the support and guidance that inspires community to embrace aging with confidence. To learn more and donate, visit: agewellvt.org

HOMEMEDS

MEALS ON WHEELS AMERICA 2020 MEMBER

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