

<PracticeLetterhead>

**Referral for Home Medication Review (HMR)
Medical Benefits Schedule Item 900**

<FormattedDate>

Patient	Consultant Pharmacist	General Practitioner
<PtFullName> <PtAddress> DOB : <PtDoB> <PtPhoneH>; <PtPhoneMob> Medicare no: <PtMCNo>-<PtMCLine> DVA no: <PtDVANo>	<AdrName> email: <AdrEmail>	<DrDetails> Provider no: <DrProviderNo> Prescriber no: <DrPrescriberNo>

Reasons for HMR:

- Patient has been assessed as having a chronic medical condition or complex medication regime and not having their therapeutic goals met; and
- Patient is living in the community

Other information for the Consultant Pharmacist to consider in relation to this patient:

<Other information for the Consultant Pharmacist to consider in relation to this patient or their medicine use:>

Medical History

<SelectedPMH>

Medication Administration

Patient's usual Community Pharmacy: <Patient's usual Community Pharmacy>

Does the patient have a Dose Administration Aid (DAA) packed by their Community Pharmacy? <Does the patient have a Dose Administration Aid (DAA) packed by their Community Pharmacy?>

Current Medications

<SelectedRx>

Allergies

<Reactions>

Social History

<SocialHx>

Immunisations

<Imm>

Measurements

<Observations>

Relevant Progress Notes

<Visits>

Relevant Pathology Results

<Ix>

I HAVE EXPLAINED TO THE PATIENT or his/her carer or representative

the process in having an HMR; and

THE PATIENT or his/her carer or representative HAS CONSENTED:

to me releasing to you information about

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THE PATIENT or his/her carer or representative UNDERSTANDS THAT:

the pharmacist who will conduct the HMR will communicate with me information arising from the HMR; and

his/her medical history and medications; and

THE PATIENT or his/her carer or representative HAS CONSENTED:

to me releasing his/her Medicare no. or DVA no. to you for the pharmacist's PPA claim purposes.

Communication via secure e-messaging preferred (HealthLink)

<DrName>

<DrQualifications>

<TodaysDate>