



Request for Home Medicines Review (HMR)

A valid HMR is bulk billed by Medicare

To Local Doctor:

DRs. Name:

Address:

Phone:

Fax:

Email Address:

From: Nurse Pharmacist Carer or Family Member

Name:

Address:

Phone:

Fax:

Email Address:

Preferred means of receiving information Post Fax Email

Patient's Details:

Name: Has Agreed to have a HMR

Address:

Phone: Carer (if relevant):

Reasons for Referral

Patient has problems taking medicines or using devices

Discharge from unplanned hospital visit in last 4 weeks

Important changes to Patient's list of medicines in last 3 months

Medicines that need regular testing or monitoring

Patient feels unwell due to side effects from medicines

Treatment not responding to medicines

Having trouble managing medicines due to changes in vision, physical ability or understanding

Other clinical needs (Please enter needs below)

Please note: *The local doctor may refer the patient for the Home Medicines Review (HMR) but only if necessary or eligible.

The patient may have another HMR 24 months after the most recent service or sooner, if the doctor considers there has been a significant change to patient's condition or change in the prescribed medicines*