

Request for Medicines Review (RMMR)

A valid RMMR 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 RMMR

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)