

## Referral for Medical Benefits Schedule Item 903

DOCTORS STAMP

To Ward Medication Management, kindly conduct a collaborative RMMR for

<b>Name of Resident:</b>	<b>Doctors Name:</b>
<b>Date of Birth/Room No:</b>	<b>Provider Number:</b>
<b>Facility Name:</b>	<b>Doctors Email:</b>
<b>Date Of Last Review:</b>	<b>Doctors Fax:</b>

List of current medications, CMA, progress notes, blood tests and resident's consent are available at the aged care facility.

### Reasons for referral for RMMR:

**Routine Review**

- This is a new admission to this facility.
- This is a routine referral for a RMMR. I am not aware of any RMMR that has been provided for this resident in the preceding 24 months

**Significant change** in the patient's medical condition or medication regimen

- Discharge from hospital after an unplanned admission in the previous 4 weeks
- Presentation of symptoms suggestive of an adverse drug reaction
- Sub-therapeutic response to treatment or significant change in medication regimen use of a medicine with a narrow therapeutic index or requiring therapeutic monitoring
- Initiation of high risk medications including psychotropic drugs, anticoagulants, hypoglycaemic agents, potent analgesia or other related drugs
- Change in medical condition or abilities. This may include potentially medication-related geriatric syndromes including but not limited to:
  - difficulty swallowing
  - change in cognition/behaviour
  - weight loss or weight gain
  - dizziness
  - bladder control problems
  - falls
  - sleep problems
  - pressure ulcers
  - gait problems
  - no longer able to self medicate
  - Significant change in therapeutic objectives. For example, change of plan from active intervention to palliative/comfort care

**Doctor Comments**

**Additional Info**

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**Doctor Signature:** .....

**Date:** .....

**Please fax signed form to 03 8678 3299 or email to  
 referral@wardmm.com.au**