

Referral for Medical Benefits Schedule Item 900

To Ward Medication Management, kindly conduct an HMR for:

Patient Name:

Date of Birth:

Patient Address:

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Patient Phone:

Doctor Name:

Provider Number:

Doctor Email:

Doctor Phone:

Doctor Fax:

Reasons for referral for HMR:

- Polypharmacy** - Currently taking 5 or more medications
- Suspected adverse drug reaction**
- Using medicines with narrow therapeutic range or that requires therapeutic monitoring**
- Other clinical need**
 - Taking more than 12 doses of medications per day
 - Experiencing significant changes to their medication regimen in the last 3 months
 - Recently discharged from hospital
 - Change in medical condition or abilities (including falls, cognition, physical function)
 - Suspected sub-therapeutic response to therapy
 - Attending a number of different doctors including GPs and specialists
 - Suspected non-compliance or problems with managing medication-related devices; or
 - Risk of, or inability to continue managing own medicines due to changes in dexterity, confusion or impaired vision
 - Other – please specify

I have included the following information to assist you with the HMR for this patient (Your practice software should be able to quickly generate this information. If you have any questions, please contact 1800 927 366 (1800 WARDMM)):

- List of current medications
- Medical history
- Most recent blood tests
- BP and weight

The above patient has been informed of the HMR request and has given verbal consent to a clinical pharmacist reviewing their medications.

Additional Info

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Doctor Comments

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Doctor Signature:

Date:

**Please fax signed form and supporting documents to 03 8678 3299
or send via encrypted email to referral@wardmm.com.au**