



GP referral for *Transition of Care* Medication Review

To: *Choice Aged Care / Choice Pharmacist*

Please conduct a Medicare funded Transition of Care Medication Review for the following care recipient.

(Relevant information upon which to base the Medication Review is attached and also with the care service provider)

(Affix respite client or resident sticker here) or complete details:

Client Name: _____ **D.O.B.**/...../.....

Address: _____ **or Room #:** _____

Care provider: _____ **GP Name:** _____

Reason for Referral

Respite care recipient (HMR – MBS Item 900)

Patient has requested a copy of the report be sent to their retail pharmacy: (YES / NO)

New resident (RMMR – MBS Item 903)

Resident returning from hospital (RMMR – MBS Item 903)

GP Signature: _____

Date: / /.....

HMR - Medicare Benefits Schedule - Item 900

“A Home Medicines Review is intended to maximise an individual’s benefit from their medication regimen, and prevent medication-related problems through a team approach, involving the patient’s GP and accredited pharmacist. HMRs are targeted at patients who are likely to benefit from such a review: patients for whom quality use of medicines may be an issue or; patients who are at risk of medication misadventure because of factors such as their co-morbidities, age or social circumstances, the characteristics of their medicines, the complexity of their medication treatment regimen, or a lack of knowledge and skills to use medicines to their best effect.”

RMMR - Medicare Benefits Schedule - Item 903

“A RMMR is a collaborative service available to permanent residents of a RACF who are likely to benefit from such a review. This includes residents for whom quality use of medicines may be an issue or residents who are at risk of medication misadventure because of a significant change in their condition or medication regimen.”

Consent: When referring for MBS Item 900 or 903, the GP confirms that they have discussed the review with the patient / representative and sought their consent for the medication review and personal information access for claiming purposes with the Pharmacy Programs Administrator and Department of Health.

Please FAX completed referral to 1300 276 087