

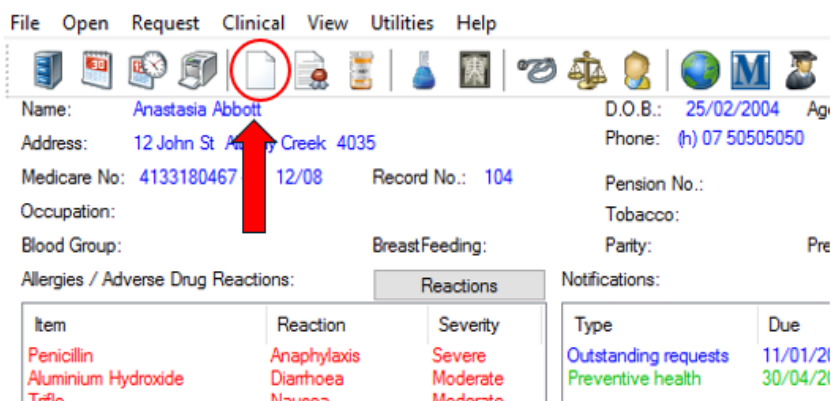
Creating an HMR referral custom template

Best Practice

A Home Medicines Review (HMR) is also known as a Domiciliary Medication Management Review (DMMR) (Item 900)

To start, import custom template [HMR 1 Referral Brisbane North PHN](#).
Refer to [Importing template instructions for clinical software](#).

1. Open the **Patient Clinical File**.
2. Open the **Word Processor** by clicking on the **New Letter** icon.

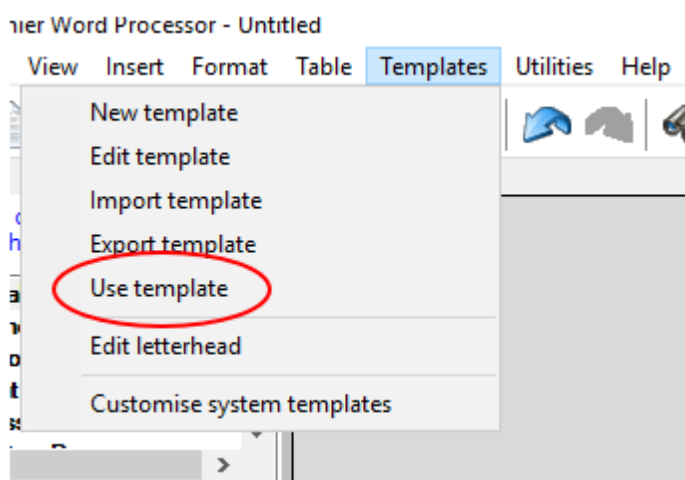


File Open Request Clinical View Utilities Help

Name: Anastasia Abbott D.O.B.: 25/02/2004 Age: 14
 Address: 12 John St Aspley Creek 4035 Phone: (h) 07 50505050
 Medicare No: 4133180467 12/08 Record No.: 104 Pension No.:
 Occupation: Tobacco:
 Blood Group: BreastFeeding: Parity: Pre
 Allergies / Adverse Drug Reactions: Reactions: Notifications:

Item	Reaction	Severity	Type	Due
Penicillin	Anaphylaxis	Severe	Outstanding requests	11/01/21
Aluminium Hydroxide	Diarrhoea	Moderate	Preventive health	30/04/21
Tofu	Nausea	Moderate		

3. Select **Templates** from the top drop-down menu and select **Use Template**.



- Select **Custom** template tab.
- Double click **HMR 1 Referral Brisbane North PHN**.

Word Processor templates

☐ All ☒ Custom ☐ Supplied ☐ Include all states

Template name	All users	Type
HMR 1 Referral Brisbane North PHN V2	Yes	Custom
HMR 2 Medication Plan Brisbane North PHN V1	Yes	Custom
HMR Recommendation eTool - BP V1	Yes	Custom
MNHHS Caboolture Adult eReferral v6.5 BP	Yes	Custom
MNHHS COHD Adult eReferral v6.5 BP	Yes	Custom
MNHHS Maternity - Adult eReferral v6.5 BP	Yes	Custom
MNHHS Paediatric eReferral v6.5 BP	Yes	Custom
MNHHS Palliative Care - Adult eReferral v6.5 BP	Yes	Custom
MNHHS RBWH - Adult eReferral v6.5 BP	Yes	Custom
MNHHS Redcliffe - Adult eReferral v6.5 BP	Yes	Custom
MNHHS TPCH - Adult eReferral v6.5 BP	Yes	Custom
My_Mental_Health_Services_eReferral_BP_V2.1	Yes	Custom

Rename template Delete template

Open Cancel

Referral for Home Medicines Review (HMR)
Medical Benefits Schedule Item 600. Also known as a GMMR

Patient	Credentialed Pharmacist or Community Pharmacy	General Practitioner
<PFirstName> Address: <PAddress> DOB: <PDOB> Phone: <PPhone> <PHome> <PWork> Medication: <PMedication> <PMedication> <PPharmacy> <PPharmacy> Contact Details: <PContactDetails> <PContactDetails>	Address: <PAddress> Email: <PEmail> Phone: <PPhone> <PHome> <PWork> <PPharmacy> <PPharmacy>	<GFirstName> Address: <GAddress> Email: <GEmail> Phone: <GPhone> <GHome> <GWork> <GPharmacy> <GPharmacy>

<Consultation>
Dear Pharmacist,
Please conduct a Home Medicines Review for <PFirstName>.
This patient <Specify, Explicit and an interpreter/interpreter is required>. The patient's preferred language is <PPreferredLanguage>.
HMR eligibility and reason for HMR referral:
This patient lives in the community and has been assessed as having a chronic medical condition or complex medication regimen and not having their therapeutic goals met.
<Reason for HMR referral, select all that apply>
<Reason for HMR referral, Other please specify>
Personal Goals and Preferences:
<Personal Goals and Preferences>
Medical History:
<Medical History>
Allergies/Adverse Reactions:
<Allergies/Adverse Reactions>
Current Medications:
<Current Medications>
Medication Management:
Regular Community Pharmacy: <Regular Community Pharmacy>
Once Administered at All (GMA) <Once a Once Administered At (GMA)> <Specify, Explicit and an interpreter/interpreter is required>
Immunisations:
<Immunisations>
Relevant Progress Notes:
<Relevant Progress Notes>

- Address to a **Credentialed (Accredited) Pharmacist OR a Community Pharmacy** from the local directory. Type in name search and double click on selected addressee. Add a new contact if required.

Search local Credentialed Pharmacists using [HealthPathways Medication Management Review](#)

Select addressee

From Address Book Search on MEDrefer HealthShare

Name Search: JOHN Category: [v]

Local Directory:

- John Street Radiology (Radiology)
22 John Street, Brisbane, 4000.
- Johnny Smith - Credentialed Pharmacist (Pharmacy)**
John Street, Brighton, 4017.

- Insert relevant visit notes, observations and investigations. Adjust time frames as necessary. Click **Insert**.

Insert Observations

☒ Blood Pressure ☒ Height
☒ Pulse ☒ Weight
☒ Temperature ☒ Head Circumference
☒ Respiratory rate ☒ BMI
☒ BSL ☒ Waist
☒ Hip ☒ Waist/Hip ratio

Recorded between: 20/11/2023 and 19/11/2024

☐ Include multiple daily observations

Insert Cancel

5. Select the **reasons for referral** (include all that apply). Provide details of **personal goals, preferences** and additional relevant information in the free-text fields. Click **Next**.

HMR 1 Referral Brisbane North PHN V2

Contact details (if person other than patient is required to arrange appointment)	
Speaks English	can speak enough English
Interpreter is required	is NOT required
Preferred language	English
Reason for HMR referral: select all applicable	Significant changes to medication regimen; including newly prescribed medicine Recent hospital discharge or frequent unplanned readmissions; medication reconciliation High-risk medication e.g. opioids, psychotropics, anticoagulants, insulin, anticholinergics, NSAIDs Complex medication regimen and/or patient feels they are taking too many medications Medication that requires monitoring e.g. digoxin, warfarin, antiepileptics, amiodarone, lithium Abnormal pathology test results; review for potential drug-induced causes Functional issues e.g. frailty, frequent falls, cognitive impairment, swallowing difficulty, renal or hepatic Difficulty understanding or managing medicines or devices e.g. DAA, injections, eye drops, inhalers Attending several doctors, both general practitioners and specialists Worsening or new symptoms - potential adverse drug reaction Other:
Reason for HMR referral: Other please specify	
Personal Goals and Preferences	Patient would like to reduce the number of medicines she is taking.
Regular Community Pharmacy:	Feel Well Pharmacy

< Back Next > Cancel

6. Select if the patient uses a dose administration aid and if there are any other factors that may influence medication use.
7. Check the consent fields with the patient. Select **Insert**.
8. Review the generated referral. Make changes or insert additional information from the left-hand menu.
9. **Sign** and **send** referral to **Credentialed Pharmacist** or **Community Pharmacy** by chosen secure messaging method.

Please note: Ensure the cursor is positioned at the location where any additional information needs to be inserted in the document.

Creating an HMR/DMMR referral custom template

Best Practice – using a custom template

To start, import custom template [HMR 1 Referral Brisbane North PHN](#)
Refer to [Importing template instructions for clinical software](#).

GO TO:

PATIENT FILE



NEW LETTER



TEMPLATES



USE TEMPLATE



CUSTOM TEMPLATE



HMR 1 Referral Brisbane North PHN



CREDENTIALLED PHARMACIST or COMMUNITY PHARMACY



Search local Credentialed Pharmacists using [HealthPathways Medication Management Review](#)

INSERT VISIT NOTES, OBSERVATIONS, INVESTIGATIONS (Auto)



SPECIFY REASONS FOR HMR REFERRAL



PATIENT CONSENT, CHECK and SIGN

