

An Australian Government Initiative

Creating a HMR / DMMR Referral

Medical Director

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

- 1. Open the Patient Clinical File.
- 2. Open Letter Writer by clicking on the Letter Writer Icon.

🚺 MedicalDirector Clinical 4.3 - [Ms Anna Andrews (25yrs 8mths)]

🖻 File Patient Edit Summaries Tools Clinical Correspondence As

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Ms Anna A	NDREWS	(25yrs 8mths)	\sim	DOB: 04/	08/1998	Sex at
2 Kennedy	Road. Bu	aberg. Qld 467)			
Allergies & Adverse Reactions:	Nil knowr					
Warnings:						

- 3. Select New Template Icon (1).
- 4. Select Supplied Template tab (2).





www.brisbanenorthphn.org.au

Level 1, HomeCo. 120 Chalk Street, Lutwyche QLD 4030 PO Box 845 Lutwyche QLD 4030 t 07 3630 7300

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- 5. Select DMMR Referral (Home Medicines Review) (3).
- 6. Add a recipient a Credentialed Pharmacist or a Community Pharmacy.
- Search local Credentialed Pharmacists using <u>HealthPathways Medication Management Review</u>
- 7. Follow the prompts and provide answers to any questions.

User Defined Fields		×
Enter the values for these fields:		
Fields		
Addressee:Full Details:	Credentialed Pharmacist OR Community Pharmacy	\supset
		~
Timing for the Pharmacist to action this Referral:	A.S.A.P. ~	
Reason for referral 1:	Taking more than 12 doses of medica $$	
Reason for referral 2:	~	
Reason for referral 3:	~	
Medication usually administered by:	him/her self.	
Dosing aid, if used, filled by:	~	
Speaks enough English to do the interview:	speaks enough V	
An interpreter (is/is not) required:	is not 🗸	
The patients preferred language is:		
Consent to release Medicare/ DVA Number details:	HAS CONSENTED V	
	ОК	Cancel

- 8. Insert relevant investigation results, observation results, additional information e.g. progress notes.
- 9. Complete the User Defined Fields. Include reasons for referral and select OK.
- 10. Read through the generated referral and **manually check** any boxes to provide further information, such as issues that may influence medication use, dosing aids and medication administration devices.

Please note: To manually check a box, backspace the box and press 'X' on the keyboard. This will add a check box symbol.

- 11. Free text additional relevant information e.g. details of recent hospital admission, changes in medication regimen, reason for referral not included in pre-selected section.
- 12. Sign and send the referral to the **Credentialed Pharmacist** or **Community Pharmacy** by chosen secure messaging method.



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