



# Home Medicines Review

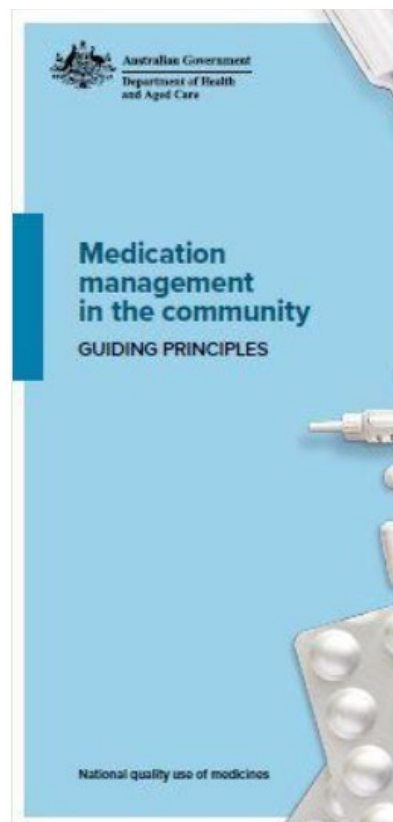
Step-by-step guide



# Why Medication Safety Matters

- **250,000** hospital admissions each year are due to medication-related problems
- **400,000** emergency department presentations are likely caused by medication issues
- **50%** of this harm is considered preventable
- Over **50%** of people aged 65+ take at least one potentially inappropriate medicine
- **Multimorbidity** is increasing, as our population ages
- The **number of medicines** taken is the strongest predictor of medication-related harm

# Medication management in the community



National quality use of medicines

**8 Medicines list**

Everyone taking one or more medicines should be encouraged and supported to maintain an up-to-date list of all their medicines. This list should be available and easily accessible to the individual and all those involved in their care.

**Key tasks**

- For individuals to inform their prescribers, pharmacists and nurses about all the medicines they are taking
- For healthcare professionals to reconcile and ensure an individual's own medicines-related records, such as the My Health Record and medicines list, are up to date.

**9 Medication review**

A person needs to have their medicines to be routinely and regularly reviewed with members of their healthcare team. These reviews should be conducted in accordance with relevant professional responsibilities, practice standards and guidelines.

**Key tasks**

- For all medicines to be reviewed regularly by the relevant healthcare professional and documented in the medication management plan, and that the process is collaborative between the individual, their carer and/or family as well as other relevant members of the healthcare team
- For individuals to be provided and/or have access to information about the range and purpose of medication review services that are available to them.

**10 Alteration of solid oral dose forms**

Alteration of oral dose forms of medicines, such as crushing tablets, should be avoided. However, if a person is suffering from swallowing difficulties:

- Suitable alternative formulations (or medicines) should be sought
- The person should be provided with the information and help they need to ensure their medicines can be administered safely and effectively.

**11 Storage and disposal of medicines**

All those using medicines in the community should store medicines in a manner that:

- Maintains the quality of the medicines
- Minimises wastage
- Safeguards the person, the person's family and visitors in their home.

Unwanted, ceased or expired medicines should be disposed of safely to avoid accidental harm and misuse in a sustainable and environmentally appropriate manner.

**12 Authorised initiation of medicines in the community**

In accordance with national, state or territory legislation, only those authorised to do so should initiate medicines upon a person's request for the relief of minor symptoms or conditions/ailments.

Healthcare service providers should develop policies, procedures and guidelines on:

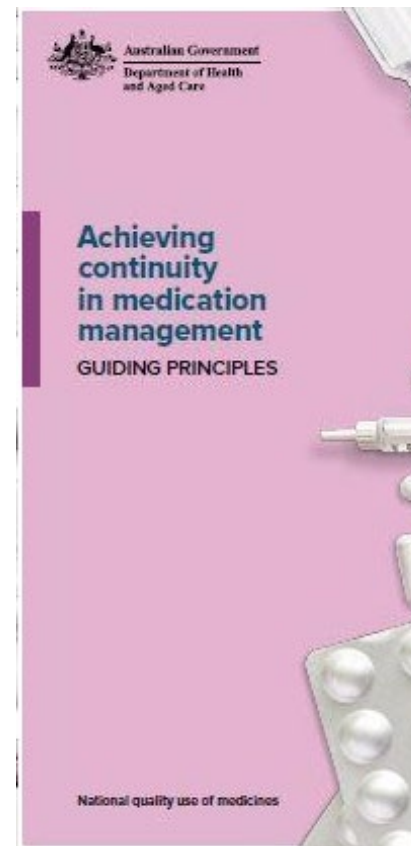
- Initiation of prescription and non-prescription medicines
- Use and review of prescription medicines treatment protocols.

**Key task**

To ensure authorised initiation of medicines is in accordance with legislation, professional and regulatory requirements.

Guiding Principles for Medication Management in the Community

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National quality use of medicines

**3 Accountability for medication management**

Providers of healthcare services, managers and healthcare professionals are jointly and individually accountable for making sure that activities to support the continuity of medication management are implemented.

**Key task**

For each healthcare professional to be accountable for their assigned responsibilities in ensuring the safe transition of individuals to the next episode of care.

**4 Safety and quality systems**

Safety and quality systems (see Figure 1) are integrated within governance processes to enable providers of healthcare services and healthcare professionals to actively manage and improve the safety and quality of health care for and with individuals receiving care.

**Key task**

For providers of healthcare services to establish and implement governance processes to support patient safety and quality systems.

**Figure 1: Priority areas for action**

**5 Medication reconciliation**

Accurate and complete medication reconciliation should be performed at the time of presentation or admission, or as early as possible in the episode of care. Medication reconciliation needs to be performed at all transitions of care.

**Key task**

For healthcare professionals to perform and document medication reconciliation in collaboration with the individual, their carer and/or family, at the time of presentation or admission, or as early as possible in the episode of care and at the time of transition.

**6 Review of current medicines**

Throughout each episode of care, the safe and quality use of current medicines needs to be assessed and reviewed in partnership with the individual receiving care.

**Key task**

For healthcare professionals to ensure that medication review is an ongoing process of review and documentation, contributes to the medication management plan (MMP), and is in collaboration with the individual receiving care, their carer and/or family.

**7 Medication management plan**

An MMP is a continuing plan developed and used by healthcare professionals, in collaboration with the individual, their carer and/or family, to develop strategies to manage the use of medicines.

**Key task**

For an individual's MMP to form an integral part of care planning for the individual and be reviewed during the episode of care and before transition of care.

Guiding Principles to Achieve Continuity in Medication Management

2



# What is a Home Medicines Review (HMR)?

- Also known as a DMMR (Domiciliary Medication Management Review)
- Credentialed (Accredited) Pharmacist, patient and their GP work collaboratively
- Introduced to:
  1. Improve appropriate use of medicines
  2. Reduce incidence of medication misadventure
  3. Assist in improving patient health outcomes
- Patient, carer, nurse, pharmacist or other HCP can recommend an HMR to the GP
- GP sends an HMR referral to a credentialed pharmacist (directly or via a community pharmacy)
- Credentialed pharmacist conducts a comprehensive medication review in patient's home and sends a report with findings and recommendations to the GP
- GP discusses pharmacist's findings with the consumer and develops a management plan
- GP claims [Item 900 | Medicare Benefits Schedule](#)

# When to consider a medication review

- Higher risk medications:
  - opioids, insulin, anticoagulants, anticholinergics, psychotropics, diuretics, NSAIDs
- High risk of unplanned hospital admission:
  - COPD, chronic pain, heart failure, chronic pain
- Functional issues:
  - frailty, frequent falls, cognitive impairment, swallowing difficulty, renal or hepatic impairment
- High drug burden – benefit must outweigh harm (deprescribing)
- Problems managing medicine-related therapeutic devices
- Language, literacy or cultural difficulties
- Limited knowledge and skills to use medicines safely and effectively
- Evidence of prescribing cascade or chemical restraint
- Suspected adverse drug reaction or drug interaction
- Confusion with multiple brands or difficulty using a dose administration aid



# Fact Sheet for GPs

HMR-Item-900\_Fact-sheet-for-GPs-v4.2.pdf

## Home Medicines Review Fact Sheet for GPs

An [MBS Item 900](#) Home Medicines Review (HMR), also known as a Domiciliary Medication Management Review (DMMR), is a comprehensive review designed to improve patient health outcomes. Conducted in collaboration with the patient, General Practitioner (GP) and a credentialed pharmacist, an HMR helps identify and address medication-related problems that may interfere with the patient's desired outcomes.

The primary objectives of an HMR are to ensure the safe, effective and appropriate use of all medicines, reduce the risk of medication misadventure, and ultimately improve health literacy and quality of life.

### Initial GP consultation with patient

GP assesses patient's need and eligibility for HMR, and patient provides consent.  
GP searches credentialed (accredited) pharmacist using [HealthPathways](#).  
GP completes referral using clinical software HMR referral or letter templates, sends securely to credentialed pharmacist or community pharmacy.

### Credentialed pharmacist conducts Home Medicines Review

Credentialed pharmacist visits patient at home to conduct the HMR.  
Credentialed pharmacist provides a report with findings and recommendations to GP.

### GP and credentialed pharmacist collaborate post review

GP receives HMR report and discusses medication management strategies with credentialed pharmacist (in writing, or by phone or video) as per MBS requirements (the patient is not required to be present for this step).

### Medication Management Plan - follow up consultation with GP

GP develops written Medication Management Plan (MMP) with patient agreement, outlining goals and actions (GP may annotate HMR report or use clinical software MMP templates).  
GP provides a copy of MMP to patient and pharmacy/credentialed pharmacist.

### GP submits [MBS Item 900](#) claim

Submit the claim only after all components of the HMR are completed

[www.brisbanenorthphn.org.au](http://www.brisbanenorthphn.org.au)

Level 1, 14 Banfield Street  
Chermside Qld 4032  
PO Box 2013 Chermside Centre Qld 4032  
07 3630 7300

# Step 1. Initial GP consultation with patient

- Patient must be living in the community
- Assess eligibility - the patient has a chronic medical condition, or a complex medication regimen and their therapeutic goals are not being met
- Discuss the HMR process and potential benefits
- Provide relevant patient information and obtain consent
- Refer the patient to a credentialed pharmacist or a community pharmacy and provide relevant clinical information in the HMR referral
- Identify a credentialed pharmacist through
- <https://brisbanenorthphn.org.au/brisbane-north-accredited-pharmacist-directory>



# Consumer brochures



## A medicines review in your home

It can be hard to keep track of medicines. A medicines review in your home can help make sure they are working well for you. Find out whether a check of your medicines might be helpful for you and how it works.

### Is a medicines review in my home for me?

Are you, or someone you care for:



**A medicines review in your home could be helpful.**  
**Ask your doctor, pharmacist, nurse or health worker.**

### How does it help?



## Home Medicines Review

### Make your medicines work better for you

**Ask your doctor or pharmacist about a Home Medicines Review**, a free, in-home service where your doctor and a specially trained (credentialed) pharmacist work together to help you get the most from your medicines. This service ensures you are using your medicines safely and effectively. An HMR helps you understand your medicines better, manage any changes, reduce side effects, and make sure your treatment supports your personal health goals – all for better health outcomes.

#### How can a Home Medicines Review help you?

- get personalised advice and information to increase your knowledge
- gain confidence in taking, storing, and disposing of your medicines
- identify and prevent medicine-related problems e.g. side effects
- make it easier to manage your medicines.

#### A Home Medicines Review (HMR) may help if you or someone you care for:

- take higher risk medicines (e.g. for pain, sleep, blood thinning, or insulin)
- use multiple prescription or over the counter medicines
- have trouble managing medicines or using medical devices
- have had recent dose changes or started a new medicine
- were recently in hospital or have frequent hospital visits
- have noticed changes in health or abilities (e.g. falls, drowsiness, memory lapses)
- are worried a medicine is not working or causing side effects
- take medicines from different doctors or specialists.

#### HMR Facts:

- no cost to you—it is funded by the Australian Government
- takes place in your own home—a family member, friend or carer can attend
- more time to talk, ask questions, and feel confident about your medicines.

#### What to expect?

1. You, your family, carer, pharmacist, nurse or GP may suggest a Home Medicines Review.
2. If you and your GP agree, your GP will refer you to a credentialed pharmacist.
3. The pharmacist will contact you to arrange a suitable time to visit you in your home.
4. During the review, you and the pharmacist will discuss all your medicines.
5. After the review, the pharmacist will send a report to your GP with possible suggestions.
6. You will have a follow-up GP appointment to discuss the report and develop a Medication Management Plan.

#### Note

Your GP can refer you directly to a credentialed pharmacist. This pharmacist will coordinate with your usual pharmacy to ensure you receive the best possible care.



Scan the QR code for more information  
Or visit:  
[www.healthdirect.gov.au/home-medicines-review](http://www.healthdirect.gov.au/home-medicines-review)



## Talking to my GP and pharmacist about my medicines Consumer Brochure

### Covered in this topic

- Four questions for you to think about
- Having a Medicines Review What to expect?



A Medicines Review is a service funded by the Australian Government to help you get the best from your medicines. There is no cost to you for the service. This brochure explains what's involved in a Medicines Review and provides some tips to help you talk with your GP and pharmacist about your medicines effectively. ■



How a Medicines Review in your home can help you get the most from your medicines

### → Four questions for you to think about

The following questions in this brochure are designed to help you talk to your GP and pharmacist about your medicines.

Medicines include those prescribed by your GP or specialist, as well as any vitamins, supplements or non-prescription medicine that you might buy online, from the supermarket, pharmacy or health food store.

# Creating an HMR Referral in Best Practice

- Streamline the HMR referral process
- Import HMR referral template for Best Practice
- Ensures all essential information is included easily
- Indicate the reason for HMR referral
- Insert relevant visit notes, observations and investigations (auto)
- Do not open the file before importing into BP

<PracticeLetterhead>

**Referral for Home Medicines Review (HMR)**  
Medical Benefits Schedule Item 900. Also known as a DMMR

| Patient                                                                                              | Credentialed Pharmacist or Community Pharmacy | General Practitioner            |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------|
| <PtFullName>                                                                                         | <AdrName>                                     | <DrName>                        |
| Address: <PtAddress>                                                                                 | Address: <AdrAddress>                         | <DrAddress>                     |
| DOB: <PtDoB>                                                                                         | Email: <AdrEmail>                             | Provider Number: <DrProviderNo> |
| Phone: <PtPhoneMob> <PtPhoneH>                                                                       | Phone: <AdrPhone>                             | Phone: <DrPhone>                |
| Medicare / DVA Number: <PtMCNo><br><PtDVANo> <PtDVACard>                                             |                                               | Email: <PracEmail>              |
| Medicare Ref: <PtMCLine>                                                                             |                                               |                                 |
| Contact Details: <Contact details (if person other than patient is required to arrange appointment)> |                                               |                                 |

<FormattedDate>

Dear Pharmacist,

Please conduct a Home Medicines Review for <PtFullName>.

This patient <Speaks English> and an interpreter <interpreter is required>. The patient's preferred language is <Preferred language>.

**MBS 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 applicable>  
<Reason for HMR referral: Other please specify>

**Personal Goals and Preferences:**  
<Personal Goals and Preferences>

**Medical History:**  
<PMHAll>

**Allergies/Adverse Reactions**  
<Reactions>

**Current Medications**  
<CurrentRx>

**Medication Management**  
Regular Community Pharmacy: <Regular Community Pharmacy>  
Dose Administration Aid (DAA): <Uses a Dose Administration Aid (DAA) - dosette, Webster, sachet: if yes, select type of DAA>

# Creating an HMR referral cheat sheets

## 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**.

| Item                | Reaction    | Severity | Type                 | Due      |
|---------------------|-------------|----------|----------------------|----------|
| Penicillin          | Anaphylaxis | Severe   | Outstanding requests | 11/01/21 |
| Aluminium Hydroxide | Diarhoea    | Moderate | Preventive health    | 30/04/21 |
| Typha               | Nausea      | Moderate |                      |          |

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

[www.brisbanenorthphn.org.au](http://www.brisbanenorthphn.org.au)  
Level 1, HomeCo,  
120 Chalk Street, Lutwyche QLD 4030  
PO Box 845 Lutwyche QLD 4030  
t 07 3630 7300

Creating an HMR referral using a custom template Version 1.2 May 2025

## 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.

3. Select **New Template icon (1)**.
4. Select **Supplied Template tab (2)**.

[www.brisbanenorthphn.org.au](http://www.brisbanenorthphn.org.au)  
Level 1, HomeCo,  
120 Chalk Street, Lutwyche QLD 4030  
PO Box 845 Lutwyche QLD 4030  
t 07 3630 7300



## Step 2. and Step 3.

### Step 2.

#### **Credentialed pharmacist conducts the HMR**

- Credentialed pharmacist visits the patient at home to conduct the HMR interview
- Credentialed pharmacist provides an HMR report with findings and recommendations to the GP within 10 working days

### Step 3.

#### **GP and credentialed pharmacist collaborate post review**

- Discuss the findings of the HMR including any suggested medication strategies
- This discussion may occur in writing, or via phone or video
- The patient is not required to be present for this step

# Step 4. Develop a Medication Management Plan (MMP) – follow up consultation

## Medication Management Plan template

- Discuss the findings from the HMR report with the patient
- Incorporate personal goals, outline medication-related issues and agreed-upon actions in the written MMP
- Provide the written medication management plan to the pharmacy/credentialed pharmacist and the patient
- The date of service is the date this step is completed

DOMICILIARY MEDICATION MANAGEMENT - HOME MEDICINES REVIEW: MEDICATION MANAGEMENT PLAN

| GENERAL PRACTITIONER DETAILS:                                                                                                                                                                         | PATIENT DETAILS:                                                                                                                                                                                     | CREDENTIALLED PHARMACIST AND COMMUNITY PHARMACY:                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: <DrName><br>Address: <DrAddress><br>Provider Number: <DrProviderNo><br>Prescriber No: <DrPrescriberNo><br>Phone: <DrPhone><br>Fax: <DrFax><br>Email: <DrEmail><br><br>Date of Pharmacist Review | Name: <PName><br>Address: <PAddress><br>Medicare No: <PIMCNo><br>DVA No: <PIDVANO><br>Patient / carer contact: <Patient / carer contact><br>Date of follow-up consultation: <Follow-up consultation> | COMMUNITY PHARMACY DETAILS:<br><PharmDetails><br><br>CREDENTIALLED PHARMACIST (if different):<br>Names: <Credentialed Pharmacist name><br>Email: <Credentialed Pharmacist email><br>Phone: <Credentialed Pharmacist phone no.> |

| CONDITION / FINDINGS / ISSUES / RECOMMENDATIONS | CURRENT MANAGEMENT* | PROPOSED PLAN OF ACTION:<br>Double click on box to highlight, type 'X' to check box.   | PERSON RESPONSIBLE FOR ACTION** | EXPECTED OUTCOMES | PATIENT AGREES |
|-------------------------------------------------|---------------------|----------------------------------------------------------------------------------------|---------------------------------|-------------------|----------------|
|                                                 |                     | <input type="checkbox"/> No action required <input type="checkbox"/> Action (comment): |                                 |                   |                |
|                                                 |                     | <input type="checkbox"/> No action required <input type="checkbox"/> Action (comment): |                                 |                   |                |
|                                                 |                     | <input type="checkbox"/> No action required <input type="checkbox"/> Action (comment): |                                 |                   |                |
|                                                 |                     | <input type="checkbox"/> No action required <input type="checkbox"/> Action (comment): |                                 |                   |                |
|                                                 |                     | <input type="checkbox"/> No action required <input type="checkbox"/> Action (comment): |                                 |                   |                |
|                                                 |                     | <input type="checkbox"/> No action required <input type="checkbox"/> Action (comment): |                                 |                   |                |

| GENERAL PRACTITIONER DETAILS:                                                                                                                                                                                                                         | PATIENT DETAILS:                                                                                                                                                                                                | Signature of other health care professional if applicable                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Name: Dr Frederick Findacure<br>Address: 1 Best Avenue<br>Practitioner 4001<br>Provider Number: 123456789<br>Prescriber No: 123456789<br>Phone: 0744444444<br>Fax: 0744444444<br>Email: findacure@bpsoftware.com.au<br><br>Date of Review: 29/11/2024 | Name: Mr. Alfred Charles Aldridge<br>Address: Lazy Lakes Nursing Home, 4 King St<br>Launceston 7250<br>Home Phone: 03 96781510<br>Work Phone:<br>Mobile Phone:<br><br>Medicare No: 5500064971<br>DVA No: TX4687 | Signature: _____ Date: _____<br><br>Copy to be offered to patient & Pharmacist |

© North PHN - Medication Management Plan Template Version 1 November 2024 (adapted from Best Practice template)

### Enhanced Primary Care tab

| Medication                                     | Indication          | Problems                        | Actions                                 | Comment                                                                                                      |
|------------------------------------------------|---------------------|---------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Accupro 10mg Tablet<br>1 Twice a day.          | Hypertension        |                                 | Monitor more frequently.                | Episodes of postural hypotension.                                                                            |
| Agarol Emulsion<br>10-15mls Before bed.        | Constipation        | Difficulty with administration. | Cease medication.                       |                                                                                                              |
| Dilatrend 3.125mg Tablet<br>1 Twice a day.     | Heart failure       | No problems identified.         |                                         |                                                                                                              |
| Exbia 10mg/mL Oral Drops<br>10mgs Twice a day. | Alzheimer's disease | No problems identified.         |                                         |                                                                                                              |
| Lasix M 20mg Tablet<br>1 Daily.                | Fluid retention     | Adverse reaction.               | Decrease dose. Monitor more frequently. | Alternate days, no obvious signs of oedema/ fluid overload, daily weights. Episodes of postural hypotension. |
| Normison 10mg Tablet<br>1 Before bed p.r.n.    | Insomnia            | Adverse reaction.               | Cease medication.                       |                                                                                                              |

# Create a medication management plan

Use one of the following:

1. **Credentialed Pharmacist's report** - many HMR reports include a proposed MMP that can be annotated by the GP
2. **Best Practice software** – enhanced primary care (EPC) tab
3. **An MMP template** – a customised version or one supplied within the practice software
4. **Access** medication management plan template and cheat sheets for Best Practice and Medical Director through

[Home Medicines Review - Practice Support - Brisbane North PHN](#)

## Creating a Medication Management Plan

### Best Practice – using a custom template

To start, import custom template [DMMR Management Plan template Brisbane North PHN](#)  
Refer to [Importing template instructions for clinical software](#).

GO TO:

PATIENT FILE



NEW LETTER



TEMPLATES



USE TEMPLATE



CUSTOM, DMMR - Management Plan Brisbane North PHN



DISCUSS DMMR-HMR FINDINGS WITH PATIENT



COMPLETE TABLE AND ISSUES IDENTIFIED

## Creating a Medication Management Plan

### Best Practice – complete a Home Medicines Review using a custom template

Claim Medicare Item 900 only after developing a Medication Management Plan (MMP), in accordance with MBS requirements. This should involve a discussion with the patient about the HMR report findings and include agreed-upon goals and actions.

To start, import custom template [HMR 2 Management Plan 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: 12/08

Address: 12 John St. Creek, 4035 Phone: (07) 50505050

Medicare No.: 4133180457 Record No.: 104 Pension No.:

Occupation: Tobacco: Party: Pre

Blood Group: BreastFeeding:

Reactions

| Item                | Reaction    | Severity |
|---------------------|-------------|----------|
| Penicillin          | Anaphylaxis | Severe   |
| Aluminium Hydroxide | Diarrhoea   | Moderate |
| Tella               | Nausea      | Moderate |

Notifications:

| Type                 | Due      |
|----------------------|----------|
| Outstanding requests | 11/01/21 |
| Preventive health    | 30/04/21 |



## Step 5. Claim MBS item 900

Submit the claim only **after** all the above components of the HMR have been completed, including development and provision of the Medication Management Plan (Step 4).

The credentialed pharmacist may conduct up to two HMR follow-ups. These follow-ups are not billable by the GP.

Patients may be eligible for an HMR every 12 months if clinically appropriate, or earlier if there is a significant change in their medical condition or medication management plan.

# Home Medicines Review Recommendation Tool

Easily incorporated into Care Plans and Health Assessments

## Home Medicines Review Tool

A quick screening tool to help assessors identify clients who may benefit from a Home Medicines Review and recommend referral to their GP.

### What is a Home Medicines Review (HMR)?

An HMR is a comprehensive review to ensure a client's medications are safe, effective and therapeutically appropriate. This review helps identify medication related problems, improve adherence, and prevent adverse effects, supporting better health outcomes.

### How to use the tool?

Before selecting "yes" or "no", assessors should consider the prompts listed under each criterion. If "yes" is selected for any of the following questions, consider recommending an HMR for the client. Use the "Notes" section to document reasoning, relevant observations, or any follow up actions.

|                                                                                                                                                                                                                                                                                   |                |       |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|--------------------------|--------------------------|
| Client name:                                                                                                                                                                                                                                                                      | Date of birth: | Date: | Name of assessor:        |                          |
| Does the client feel they are taking too many medications?                                                                                                                                                                                                                        |                |       | Yes                      | No                       |
| <ul style="list-style-type: none"><li>Complex medication regimen</li><li>May benefit from a dose administration aid</li><li>Self-initiated: OTC and complementary/alternative medicines</li></ul>                                                                                 |                |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the client have difficulty understanding or managing their medications?                                                                                                                                                                                                      |                |       | Yes                      | No                       |
| <ul style="list-style-type: none"><li>Difficulties with cognition, swallowing, dexterity, vision, frailty</li><li>Non-adherence, cultural factors, literacy or language difficulties</li><li>Difficulty using dose administration aids, inhalers, injections, eye drops</li></ul> |                |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the client take high risk medications or one that requires monitoring?                                                                                                                                                                                                       |                |       | Yes                      | No                       |
| <ul style="list-style-type: none"><li>High risk: anticoagulants, opioids, benzodiazepines, NSAIDs, antipsychotics, diuretics, insulin, anticholinergics</li><li>Monitoring: digoxin, warfarin, lithium, antiepileptics, amiodarone</li></ul>                                      |                |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the client have recent medication changes?                                                                                                                                                                                                                                   |                |       | Yes                      | No                       |
| <ul style="list-style-type: none"><li>Recent hospital discharge, frequent readmissions</li><li>Medication lists/regimen variations, requires reconciliation</li></ul>                                                                                                             |                |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the client report worsening or new symptoms?                                                                                                                                                                                                                                 |                |       | Yes                      | No                       |
| <ul style="list-style-type: none"><li>Potential adverse effects (e.g. anticholinergic - confusion, dizziness, forgetfulness, constipation, dry mouth/eyes/skin, rapid heart rate, trouble urinating)</li><li>Frequent falls or change in mobility</li></ul>                       |                |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Consider providing a consumer information brochure to those recommended a Home Medicines Review.                                                                                                                                                                                  |                |       |                          |                          |
| NOTES:                                                                                                                                                                                                                                                                            |                |       |                          |                          |





# Resources

[Credentialed Pharmacist Directory - Brisbane North PHN](#)

[Home Medicines Review - Practice Support - Brisbane North PHN](#)

- HMR and MMP referral templates
- Cheat sheets, flow charts for creating HMR referrals and Medication Management Plans
- Information on medication review for general practice and consumers
- HMR Recommendation Tool

[Home Medicines Review \(HMR\) CQI Toolbox - Practice Support - Brisbane North PHN](#)

- HMR Toolbox – Continuous Quality Improvement

[Medication Management Review - Community HealthPathways Brisbane North](#)

[Credentialed Pharmacists Register - Pharmaceutical Society of Australia \(psa.org.au\)](#)