

TO: Usama Yousuf — Credentialed Pharmacist (MMR), HomeMed Reviews
Servicing Craigieburn & metro Melbourne · consultations in English, Urdu & Hindi

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PATIENT

FULL NAME		DATE OF BIRTH
ADDRESS		PHONE
MEDICARE NO. + IRN	DVA NO. (IF APPLICABLE)	PREFERRED LANGUAGE / INTERPRETER?
CARER / CONTACT IF OTHER THAN PATIENT		CARER PHONE

REASON FOR REFERRAL (tick all that apply — clinical judgment is yours)

- | | |
|--|---|
| ☐ 5+ regular medicines, or >12 doses/day | ☐ Recent hospital discharge (<4 weeks) |
| ☐ Significant recent change to regimen | ☐ High-risk medicines (anticoagulant, opioid, insulin, psychotropic) |
| ☐ Suspected ADR or interaction | ☐ Suspected non-adherence or device difficulty |
| ☐ Falls, frailty, cognitive impairment | ☐ Renal / hepatic impairment |
| ☐ Narrow therapeutic index / TDM required | ☐ Multiple prescribers |
| ☐ Sub-therapeutic response | ☐ Other (detail below) |

SPECIFIC QUESTIONS / GOALS FOR THE REVIEW**CLINICAL INFORMATION ATTACHED** (print from your software and attach, or send via secure messaging)

- | | | |
|--|---|---|
| ☐ Current medication list | ☐ Medical history | ☐ Allergies / ADRs |
| ☐ Relevant pathology | ☐ Recent discharge summary | ☐ Other: |

DAAS / DEVICES IN USE (WEBSTER-PAK, INHALERS, INSULIN PENS, ETC.)

ISSUES AFFECTING MEDICATION USE (VISION, DEXTERITY, LITERACY, SWALLOWING, STORAGE)

PATIENT CONSENT

- ☐ The patient has consented to: this referral; release of relevant clinical information to the pharmacist named above; release of their Medicare/DVA number for program claiming; and the pharmacist providing a report back to the referring GP.

REFERRING GP

GP NAME	PROVIDER NO.	DATE
PRACTICE NAME + ADDRESS	PRACTICE PHONE	PRACTICE EMAIL / FAX
GP SIGNATURE		

Program timeframe: patient interview within 90 days of referral — my working aim is **within two weeks**. Your practice is advised of the visit details, and the report comes back to you for the Medication Management Plan (item 900).

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