

GP Referral for RMMR

Residential Medication Management Review

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|--|--|--|--|--|---|---|--|---|--|--|--|--|--|--|-------------------------------|--|---|--|--|--------------------------------------|--------------------------------------|---|---|--|--|--|--|--|
| Facility Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To: <i>Choice Aged Care</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><i>Please conduct an RMMR on the following resident</i></p> <p><small>Relevant information on which to base the RMMR is at the facility</small></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Resident Name: _____ D.O.B./...../..... Section: Room No.: GP Name: _____ | (Or affix resident sticker here) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> New resident or | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Changed Circumstances | <input type="checkbox"/> Significant change in medication: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> new medication</td> <td><input type="checkbox"/> ceased medication</td> <td><input type="checkbox"/> suboptimal response</td> </tr> <tr> <td><input type="checkbox"/> decreased dose</td> <td><input type="checkbox"/> increased dose</td> <td><input type="checkbox"/> suspected ADR</td> </tr> <tr> <td><input type="checkbox"/> frequent 'prn' use</td> <td><input type="checkbox"/> medications now crushed</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> other (please specify): _____</td> </tr> </table> <input type="checkbox"/> Significant change in medical condition: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> hospitalisation</td> <td><input type="checkbox"/> fall</td> <td><input type="checkbox"/> decline in mobility</td> </tr> <tr> <td><input type="checkbox"/> behaviour change</td> <td><input type="checkbox"/> increased confusion</td> <td><input type="checkbox"/> decline in mood</td> </tr> <tr> <td><input type="checkbox"/> pain issues</td> <td><input type="checkbox"/> weight loss</td> <td><input type="checkbox"/> physical decline</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> swallowing difficult</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> other (please specify): _____</td> </tr> </table> | <input type="checkbox"/> new medication | <input type="checkbox"/> ceased medication | <input type="checkbox"/> suboptimal response | <input type="checkbox"/> decreased dose | <input type="checkbox"/> increased dose | <input type="checkbox"/> suspected ADR | <input type="checkbox"/> frequent 'prn' use | <input type="checkbox"/> medications now crushed | | <input type="checkbox"/> other (please specify): _____ | | | <input type="checkbox"/> hospitalisation | <input type="checkbox"/> fall | <input type="checkbox"/> decline in mobility | <input type="checkbox"/> behaviour change | <input type="checkbox"/> increased confusion | <input type="checkbox"/> decline in mood | <input type="checkbox"/> pain issues | <input type="checkbox"/> weight loss | <input type="checkbox"/> physical decline | <input type="checkbox"/> swallowing difficult | | | <input type="checkbox"/> other (please specify): _____ | | |
| <input type="checkbox"/> new medication | <input type="checkbox"/> ceased medication | <input type="checkbox"/> suboptimal response | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> decreased dose | <input type="checkbox"/> increased dose | <input type="checkbox"/> suspected ADR | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> frequent 'prn' use | <input type="checkbox"/> medications now crushed | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> other (please specify): _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> hospitalisation | <input type="checkbox"/> fall | <input type="checkbox"/> decline in mobility | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> behaviour change | <input type="checkbox"/> increased confusion | <input type="checkbox"/> decline in mood | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> pain issues | <input type="checkbox"/> weight loss | <input type="checkbox"/> physical decline | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> swallowing difficult | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> other (please specify): _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">GP Signature:</td> <td style="width: 30%;">Date:/...../.....</td> </tr> </table> | | GP Signature: | Date:/...../..... | | | | | | | | | | | | | | | | | | | | | | | | | |
| GP Signature: | Date:/...../..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Medicare Benefits Schedule - Item 903

Patient eligibility: New Resident

RMMRs are available to new residents on admission into a RACF.

Generally, new residents should receive an RMMR as soon as possible after admission

Patient eligibility – Changed Circumstances RMMR:

RMMRs are available to existing residents on an 'as required' basis, where in the opinion of the resident's medical practitioner, it is required because of a significant change in medical condition or medication regimen.

Claiming – Changed Circumstances RMMR:

Medicare generally require such claims to be annotated 'special circumstances'.

Please FAX completed referral to 1300 276 087