Community Pharmacy Agreement

Home Medicines Review:
Prior Approval Request

Ref # (for office use only):

Interview Conducted Outside the Patient's Home

This form is to be completed by the accredited pharmacist proposing to conduct the patient interview outside the patient's home. Once submitted, the request will be considered and a response provided by email.

This request should be forwarded to the Department of Health and Ageing at **medication.management@health.gov.au** at least 10 working days prior to the interview date.

Patient Details

First Name: | Surname:

Medicare No.: | Date of Birth:

Home Suburb: | Postcode:

Accredited Pharmacist Details

Accredited Pharmacist Name: | Accreditation No./Service Provider No.:

Contact Phone: | Email:

HMR Service Provider Details

Service Provider Name: | Service Provider No.:

Contact Phone: | Email:

HMR Service Details

GP Name: | GP Prescriber No.:

Date of Referral: | Proposed date of interview:

Proposed Location:

Suburb: | Postcode:

Please attach detailed information to support your request to conduct the patient interview outside the patient's home, noting that cultural considerations or pharmacist safety are the only circumstances under which a request can be made.

At a minimum the following points should be addressed:

- Describe the specific cultural consideration or safety issue in this instance that supports the need for an interview outside the patient's home.
- Describe how altering the location of the interview will address the cultural or safety barriers that exist.
- Describe how and where the interview outside the home will be conducted.

I declare that I have explained the prior approval process to the patient and have their consent for the details in this submission to be held by the Department of Health and Ageing . I understand that information on this form and attachment will be used by the Department of Health and Ageing to process this application. Other relevant authorities may receive de-identified data to assist with the assessment process. I declare that the information provided is true and correct. I understand that giving false or misleading information is a serious offence. I confirm that I have advised the patient, either in writing or verbally, that a HMR service must be conducted in the home, except in limited circumstances.

Accredited Pharmacist Name:

Accredited Pharmacist Signature: | Date:

Australian Government
Department of Health and Ageing

The Pharmacy Guild of Australia

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