

Updating DMMR Form 1 – HMR Referral

Best Practice

Supplied template DMMR Form 1 does not permit access to the practice address book or include an option to add credentialed pharmacist details. Follow this guideline to allow access to the address book and specify the HMR/DMMR referral pathway – whether it is directly to a Credentialed Pharmacist OR to a Community Pharmacy.

1. Open **Letter witter** from Best Practice home screen.
2. Open **Templates**.
3. Select **Edit Template**.
4. Select **DMMR Form 1**.
5. Select **<Community Pharmacy Name>**.

COMMUNITY PHARMACY DETAILS: (nominated by the patient)		Na Ad Pr Pr
Name:	<Community Pharmacy Name>	
PATIENT DETAILS:		
Name:	<PtName>	

6. Delete **<Community Pharmacy Name>** from template.
7. Select Addressee to be entered from side selection of prepopulated v2 fields.

<ul style="list-style-type: none"> General Letterhead Location Current user Doctor Addressee <ul style="list-style-type: none"> Full details Name Greeting Address Street City Postcode State Phone Fax Email Web site Category Provider No. Health Identifier Referring Dr Other contact Patient Clinical Reminder letters Custom 	DOMICILIARY MEDICATION MANAGEMENT	<table border="1"> <tr> <td colspan="2" style="text-align: center;">COMMUNITY PHARMACY DETAILS: (nominated by the patient)</td> <td>Name: <Name></td> </tr> <tr> <td colspan="2" style="text-align: center;">PATIENT DETAILS:</td> <td>Address: <PAddress></td> </tr> <tr> <td>Name: <PtName></td> <td>D.O.B: <PIDb></td> <td>Medicare No. <PIMCNo></td> </tr> <tr> <td>DVA No. <PIDVANo></td> <td colspan="2">Patient/Carer contact <Patient/Carer contact></td> </tr> <tr> <td colspan="2">ISSUES THAT MAY INFLUENCE MEDICATION USE EFFECTIVENESS:</td> <td>PREFERR E-mail or <Smoking</td> </tr> <tr> <td><input type="checkbox"/> Vision</td> <td><input type="checkbox"/> Hearing</td> <td>Does pati <Alcohol</td> </tr> <tr> <td><input type="checkbox"/> Language and/or literacy problems</td> <td><input type="checkbox"/> Swallowing</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cognition (memory and comprehension)</td> <td><input type="checkbox"/> Dexterity (eg manual coordination)</td> <td>MEDICAT Self: <Me Partner: <C</td> </tr> </table>	COMMUNITY PHARMACY DETAILS: (nominated by the patient)		Name: <Name>	PATIENT DETAILS:		Address: <PAddress>	Name: <PtName>	D.O.B: <PIDb>	Medicare No. <PIMCNo>	DVA No. <PIDVANo>	Patient/Carer contact <Patient/Carer contact>		ISSUES THAT MAY INFLUENCE MEDICATION USE EFFECTIVENESS:		PREFERR E-mail or <Smoking	<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	Does pati <Alcohol	<input type="checkbox"/> Language and/or literacy problems	<input type="checkbox"/> Swallowing		<input type="checkbox"/> Cognition (memory and comprehension)	<input type="checkbox"/> Dexterity (eg manual coordination)	MEDICAT Self: <Me Partner: <C
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8. Insert fields to referral template.

COMMUNITY PHARMACY DETAILS:
(nominated by the patient)

Name: <AdrName>
<AdrAddress>
<AdrPhone>

PATIENT DETAILS:

Name: <PtName>
Address: <PtAddress>
D.O.B: <PtDoB>

9. Change the "COMMUNITY PHARMACY" to "**CREDENTIALLED PHARMACIST / COMMUNITY PHARMACY DETAILS**"

**CREDENTIALLED PHARMACIST / COMMUNITY PHARMACY
DETAILS:**
(nominated by the patient)

Name: <AdrName>
<AdrAddress>

10. Save as **DMMR – Form 1 V2** (or to what suits the practice)
11. Select **DMMR - Form 1 V2** to enable access to **practice address book** and to include the option to add **credentialed pharmacists'** details when creating a HMR/DMMR referral.