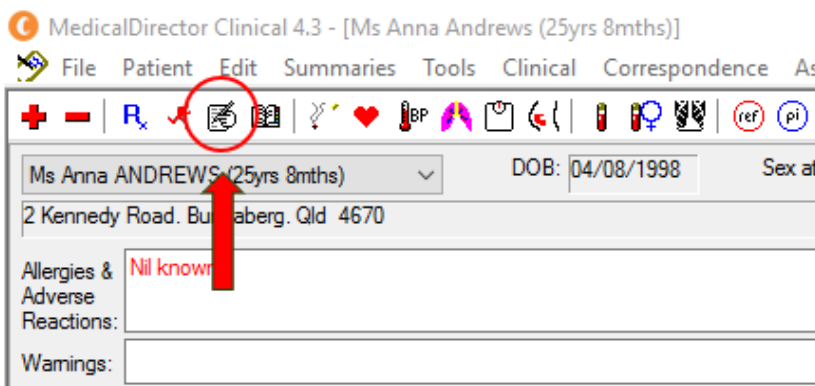


# Creating a HMR / DMMR Referral

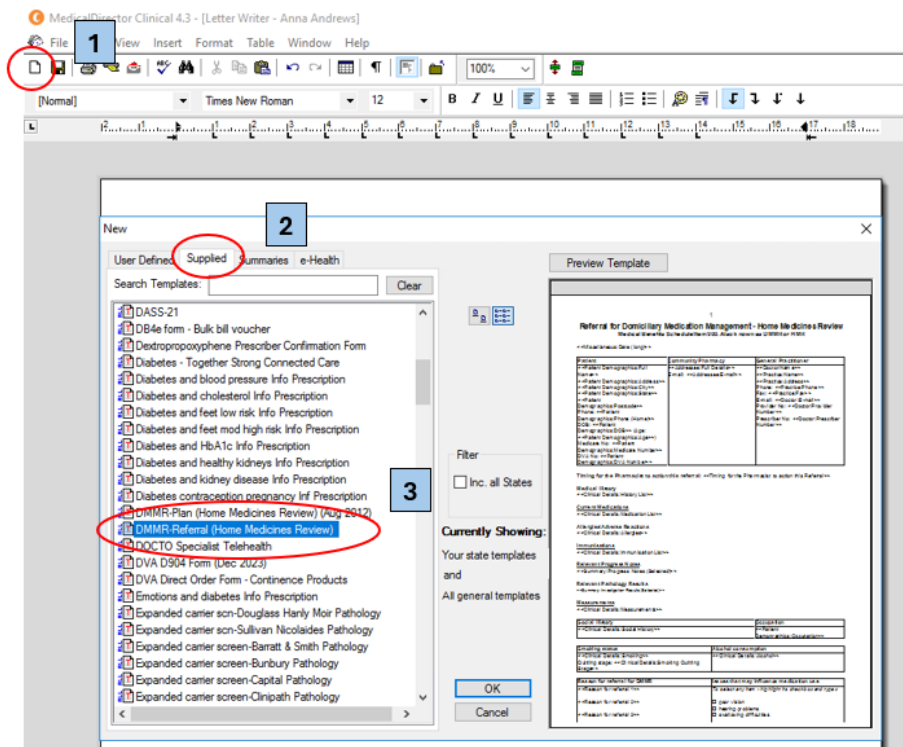
## Medical Director

Home Medicines Review (HMR) 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).



5. Select **DMMR Referral (Home Medicines Review)** (3).
6. Add a recipient – a **Credentialed Pharmacist** or a **Community Pharmacy**.  
Search local Credentialed Pharmacists using [HealthPathways Medication Management Review](#)
7. Follow the prompts and provide answers to any questions.

The screenshot shows a 'User Defined Fields' dialog box with the following fields and values:

- Fields: Addressee: Full Details: **Credentialed Pharmacist OR Community Pharmacy** (highlighted with a red circle)
- Timing for the Pharmacist to action this Referral: A.S.A.P.
- Reason for referral 1: Taking more than 12 doses of medica
- Reason for referral 2:
- Reason for referral 3:
- Medication usually administered by: him/her self.
- Dosing aid, if used, filled by:
- Speaks enough English to do the interview: speaks enough
- An interpreter (s/is not) required: is not
- The patients preferred language is:
- Consent to release Medicare/ DVA Number details: HAS CONSENTED

Buttons: OK, Cancel

8. Insert relevant **investigation results, observation results**, additional information e.g. **progress notes**.
9. Complete the **User Defined Fields**. Include **reasons for referral** and select OK.
10. Read through the generated referral and **manually check** any boxes to provide further information, such as issues that may influence medication use, dosing aids and medication administration devices.

**Please note:** To manually check a box, **backspace the box and press 'X' on the keyboard**. This will add a check box symbol.

11. Free text additional relevant information e.g. details of recent hospital admission, changes in medication regimen, reason for referral not included in pre-selected section.
12. Sign and send the referral to the **Credentialed Pharmacist** or **Community Pharmacy** by chosen secure messaging method.