

GP Referral for Medical Benefits Schedule Item 903

To Mederev, kindly conduct a collaborative RMMR for

Resident Name:

Doctor's Name:

Date of Birth:

Provider Number:

Date of Last Review:

Doctor's E-mail:

Facility:

Doctor's Fax:

Reason(s) for referral to conduct RMMR (tick at least one):

- New Admission
- Recent hospitalisation
- Usage of high-risk medications including psychotropic drugs, anticoagulants, hypoglycaemic agents, potent analgesia or other related drugs
- Presents symptoms suggestive of an adverse drug reaction
- Sub-therapeutic response to treatment or significant change in medication regimen
- Change in medical condition or abilities [circle applicable option below]:
 - Dizziness/falls/gait problems Weight loss/gain Difficulty swallowing
 - Bladder issues Sleep problems Pressure ulcers
 - Change in cognition/behaviour No longer able to self-medicate Change in therapeutic objectives
- Others (please specify):

Doctor's Comments

Doctor's Signature: Date:

This referral has been made as the review is deemed to be clinically necessary.

Comment on reviews is invited. Claim using MBS Item 903

Please return completed and signed referral via email to referrals@mederev.com.au or alternatively fax to 03 9563 1175.

