

INTERVIEW CONDUCTED BY A REGISTERED PHARMACIST

This form is to be completed by the Service Provider requesting approval for a Registered Pharmacist to conduct the Home Medicines Review interview. Once submitted, the request will be considered and a response provided by email. This request should be forwarded to the 6CPA Support Team at prior.approval@6cpa.com.au at least 10 working days prior to the interview date.

Patient Details

Unique Patient Identifier

Please note: Patient Medicare number or DVA should not be used

Home Suburb:

Postcode:

HMR Service Provider Details

Service Provider Name:

Contact Phone:

Email:

Registered Pharmacist Name:

AHPRA No.:

Contact Phone:

Email:

HMR Service Details

GP Name:

GP Prescriber No.:

Date of Referral:

Proposed date of interview:

Please use the box on the next page to provide detailed information to support your request to have the patient interview conducted by a Registered Pharmacist, noting that lack of access to an Accredited Pharmacist in a timely manner is the only circumstance under which a request can be made.

At a minimum the following points should be addressed:

- Describe the steps taken to arrange for an alternative Accredited Pharmacist to conduct the patient interview. If your usual or known Accredited Pharmacist is unavailable to conduct the Patient interview, please document your efforts to contact other local Accredited Pharmacists. Please note: the information you provide may be verified.
- Provide the name and contact details of all alternative Accredited Pharmacists you have contacted and state why they are not able to conduct the patient interview.
- Describe (or provide evidence) how the patient has been notified of the requirement for an Accredited Pharmacist to conduct the interview and has consented to a Registered Pharmacist conducting the interview instead.
- Describe (or provide evidence) of how the GP has been notified why an Accredited Pharmacist is not available and agrees that the interview be conducted by a Registered Pharmacist.

I declare that I have explained the prior approval process to the patient and the Registered Pharmacist named above and have their consent for the details in this submission to be held by The Pharmacy Guild of Australia. I understand that information on this form and attachment will be used by The Pharmacy Guild of Australia in consultation with the Department of Health to process this application. I declare that the information provided is true and correct. I understand that giving false or misleading information is a serious offence.

Owner/Authorised Person:

Owner/Authorised Person Signature:

Date: