

PHARMACIST ONLY REVIEW

This form is to be completed by the Service Provider requesting approval to conduct a Pharmacist Only Review. 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

Date of last RMMR:

Date of next scheduled GP consultation:

No. of medications:

Aged Care Facility Details

Name:

ACF Service Identification No:

Accredited Pharmacist Details

Accredited Pharmacist Name:

MRN/Accreditation No.:

Contact Phone:

Email:

RMMR Service Provider Details

Service Provider Name:

Contact Phone:

Email:

Request Details

Please use the box on the next page to provide detailed information to support your request for a Pharmacist Only Review.

At a minimum, the following information should be addressed:

- Information detailing the circumstances necessitating the provision of a Pharmacist Only Review.
- Information detailing the reasonable, repeated efforts that have been made to obtain a referral from the resident's GP.
- Supporting documentation or endorsement of the necessity for a Pharmacist Only Review from either another member of the health care team, the resident or the carer.

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 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.

Authorised Contact Name:

Authorised Contact Signature:

Date: