

## INTERVIEW CONDUCTED OUTSIDE THE PATIENT'S HOME

This form is to be completed by the Service Provider proposing to conduct the patient interview outside the patient's home. 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](mailto: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:

### Accredited Pharmacist Details

Accredited Pharmacist Name:

MRN/Accreditation No.:

Contact Phone:

Email:

### HMR Service Provider Details

Service Provider Name:

Contact Phone:

Email:

### HMR Service Details

GP Name:

GP Prescriber No.:

Date of Referral:

Proposed date of interview:

Proposed Location:

Suburb:

Postcode:

Please use the box on the next page to provide detailed information to support your request to conduct the patient interview outside the patient's home, noting that cultural considerations or pharmacist safety are the only circumstances under which a request can be made.

At a minimum the following points should be addressed:

- Describe the specific patient cultural consideration or pharmacist safety issue in this instance that supports the need for an interview outside the patient's home.
- Describe how altering the location of the interview will address the cultural or safety issues that exist.
- Describe how and where the interview outside the home will be conducted.

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. I confirm that I have advised the patient, either in writing or verbally, that a HMR service must be conducted in the home, except in limited circumstances.

Accredited Pharmacist Name:

Accredited Pharmacist Signature:

Date: