

DOMICILIARY MEDICATION MANAGEMENT - HOME MEDICINES REVIEW (TANDEM HEALTH)

ACCREDITED COMMUNITY PHARMACIST'S DETAILS: Amanda Nematala

| PATIENT DETAILS: | | GENERAL PRACTITIONER DETAILS: | |
|------------------|---------------|-------------------------------|---------------------------------------|
| Patient Name: | Mrs G G | Drs. Name: | Dr W W |
| Patient Address: | 123 blah blah | Address: | 32 whatever street, labrador QLD 4214 |
| Patient Phone: | 0491 827123 | Provider No: | 0111224A |
| DOB: | 31/10/1939 | Prescriber No: | 098765 |
| Medicare_No: | 4011 111 111 | Phone: | 07_55123123 |
| DVA No: | | Fax: | 07 55321321 |
| Patient Carer: | | Email: | |

ISSUES THAT MAY INFLUENCE MEDICATION USE EFFECTIVENESS:

| | |
|---|--|
| <input type="checkbox"/> Vision: | <input type="checkbox"/> Dexterity (e.g. manual coordination): |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Cognition (memory & Comprehension) | <input type="checkbox"/> Does patient drink alcohol? |
| <input type="checkbox"/> Swallowing: | Other: |

OTHER PATIENT INFORMATION:

Observations

| | | |
|------------|--------|----------------|
| 10/01/2022 | Temp | 36.7 |
| 21/01/2022 | Temp | 36.6 Tympanic |
| 31/01/2022 | Pulse | 82 |
| 08/12/2022 | Pulse | 90 |
| 10/12/2021 | BP | 175/67 Sitting |
| 31/01/2022 | BP | 148/74 Sitting |
| 07/02/2022 | BP | 135/75 Sitting |
| 26/09/2022 | BP | 158/89 Sitting |
| 25/10/2022 | BP | 109/67 Sitting |
| 08/12/2022 | BP | 171/94 Sitting |
| 17/04/2023 | BP | 167/66 Sitting |
| 26/09/2022 | Height | 168 cm |
| 26/09/2022 | Weight | 68 kg |
| 26/09/2022 | BMI | 24.1 |

AIDS OR OTHER EQUIPMENT USED:

| | |
|---|--|
| <input type="checkbox"/> Peakflow meter | <input type="checkbox"/> Multi/unit dose |
| <input type="checkbox"/> Nebuliser | <input type="checkbox"/> Blood Glucose Meter |
| <input type="checkbox"/> Spacer | Other: |

IMMUNISATION STATUS:

| | |
|------------|---------------------|
| 01/04/2005 | Influenza |
| 07/04/2006 | Influenza |
| 03/04/2007 | Influenza |
| 28/03/2008 | Fluvax |
| 14/04/2009 | Fluvax |
| 21/12/2009 | Panvax H1N1 Vaccine |
| 30/03/2010 | Fluvax |
| 09/03/2011 | Fluvax |
| 20/03/2012 | Fluvax |
| 09/11/2012 | Pneumovax 23 |
| 17/03/2014 | Fluvax |
| 14/04/2016 | Fluvax |
| 18/11/2016 | Zostavax |
| 28/02/2017 | ADT |
| 11/04/2017 | FluQuadri |
| 06/04/2018 | FluQuadri |

| | |
|------------|------------------------------|
| 05/10/2018 | Pneumococcus (23 valent) |
| 26/04/2019 | Fluad |
| 03/04/2020 | Fluad |
| 07/05/2021 | COVID 19 Vaccine AstraZeneca |
| 21/05/2021 | Fluad Quad |
| 02/08/2021 | COVID 19 Vaccine AstraZeneca |
| 10/01/2022 | Pfizer Comirnaty |
| 12/05/2022 | Fluad Quad |
| 17/06/2022 | Pfizer Comirnaty |
| 26/09/2022 | Prevenar 13 |
| 31/05/2023 | Fluad Quad |

INDICATION FOR DMMR (Select inappropriate reasons)

- ☒ currently taking 5 or more regular medications;
- ☐ taking more than 12 doses of medication per day;
- ☐ significant changes made to medication treatment regimen in the last 3 months;
- ☐ medications with a narrow therapeutic index or medications requiring therapeutic monitoring;
- ☐ symptoms suggestive of an adverse drug reaction;
- ☐ sub-optimal response to treatment with medicines;
- ☐ suspected non-compliance or inability to manage medication related therapeutic devices;
- ☐ patients having difficulty managing their own medicines because of literacy or language difficulties, dexterity problems or impaired sight, confusion/dementia or other cognitive difficulties;
- ☐ patients attending a number of different doctors, both general practitioners and specialists; and
- ☐ recent discharge from a facility / hospital (in the last 4 weeks).

ALLERGIES OR ADVERSE REACTIONS TO MEDICATION

| | |
|------------|-----------------|
| Prazosin | Diarrhoea, Mild |
| Morphine | |
| Lasix | Diarrhoea, Mild |
| Physiotens | |

CURRENT MEDICATION:

| | |
|---------------------------------------|--|
| Advantan 0.1% Ointment | 1 Application Daily p.r.n. |
| Avapro HCT 300/25 300mg;25mg Tablet | 1 Tablet Daily. |
| Celestone M 0.02% Cream | Apply Three times a day p.r.n. |
| Elocon 0.1% Alcohol Free Cream | Apply Daily. |
| Lercanidipine 10mg Tablet | 1 Tablet Before bed. |
| Mobic 7.5mg Tablet | 1 Tablet Daily. |
| Molnupiravir 200mg Capsule | 4 caps bd for 5 days. |
| Sone 25mg Tablet | 2 daily for 4 days and then 1 daily for 4 days and then cease. |
| Sozol 40mg Tablets | Take 1 tab daily. |
| Ventolin CFC-Free 100mcg/dose Inhaler | 2 puffs Every 4 hours p.r.n. |

CURRENT CONDITIONS:

| | |
|------------|--------------------------------|
| | Macular degeneration, wet |
| | Left Macular degeneration, dry |
| | Laryngeal nodule |
| 29/12/2005 | Arthritis |
| 29/12/2005 | Cholecystectomy |
| 17/08/2006 | Colonoscopy |
| 22/08/2006 | Fractured patella |

| | | |
|------------|-----------------------------------|---|
| 11/12/2008 | Diverticular disease | sigmoid - see scope 2006 |
| 14/09/2009 | Haemorrhoidectomy | |
| 23/07/2010 | Osteoarthritis of lumbar spine | |
| 07/01/2011 | Appendicectomy | |
| 11/10/2011 | Leukaemia | CLL - mild |
| 11/10/2011 | Sleep apnoea, obstructive | mild unable to tolerate cpap on CT scan |
| 22/02/2012 | Bronchiectasis | as per allamanda hospital |
| 06/08/2013 | Hypertension | |
| 11/2018 | Lentigo maligna | |
| 30/05/2019 | Lower Respiratory Tract Infection | |
| 17/09/2019 | Fungal infection | L lateral malleolus |
| 15/10/2019 | Keratosis, solar | |
| 07/01/2020 | Dermatitis | |
| 11/05/2020 | Lentigo maligna melanoma in situ | |
| 31/08/2020 | Dermatitis | |
| 01/06/2022 | Colonic polyp | |

RELEVANT LABORATORY RESULTS AND BLOOD DRUG LEVELS (eg serum electrolytes, liver function test etc. as relevant)

GG,
Address RUNAWAY BAY. 4216
Phone:
Birthdate: 31/10/1939 Sex: F Medicare Number:
Your Reference: Lab Reference: 671414098-I-I901
Laboratory: SNP
Addressee: LD
Copy to:

Name of Test: S-Autoantibodies
Requested: 19/06/2022 Collected: 21/02/2023 Reported: 22/02/2023 16:23
Clinical notes: SLL

Clinical Notes : SLL

Autoantibodies

| | |
|------------------------|------------------------|
| Anti-Nuclear Abs (ANA) | Negative (Titre <1:80) |
| Anti-DNA (FEIA) | <7 (<10) IU/mL |
| ENA Abs | Not Detected |

Comments on Lab Id: 671414098

The combination of a negative ANA, anti-DNA and anti-ENA virtually excludes the diagnosis of SLE and Sjogren's syndrome.

If there is a high index of suspicion for Jo-1 suggest checking myositis line blot (a privately billed test).

ENA screened for SSA Ro60, SSB (La), RNP, Sm, Scl-70, Jo-1, Ro52 and CENP-B.

If there is a high index of suspicion for Jo-1 suggest checking myositis line blot (a privately billed test).

SS

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: CRP, RF, E/LFT, FBE, ANA, Anti-DNA, ENA, ANCA, Beta 2 Micro, IgG subclasses, IgG

Tests Pending : COVID-19 IgG

Sample Pending :

Clinical Notes : SLL

Anti-Neutrophil Cytoplasmic Antibodies (ANCA)

Classical-ANCA (C-ANCA) <40
Perinuclear-ANCA (P-ANCA) <40

Comments on Lab Id: 671414098

A negative ANCA does not exclude the presence of a large vessel (e.g. giant cell arteritis, temporal arteritis, Takayasu's arteritis) or medium vessel vasculitis (e.g. polyarteritis nodosa). Up to 5% of patients with Granulomatosis with polyangiitis (previously Wegener's) and other small vessel vasculitides (e.g. microscopic polyarteritis/polyangiitis) will also be ANCA negative. ANCA titres are expressed as a reciprocal of dilution from <40 (negative) to >= 2560 (strongly positive).

SS

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Tests Completed: CRP, RF, E/LFT, FBE, ANA, Anti-DNA, ENA, ANCA, Beta 2 Micro, IgG subclasses, IgG

Tests Pending : COVID-19 IgG

Sample Pending :

| I HAVE EXPLAINED TO THE PATIENT: | THE PATIENT HAS CONSENTED: |
|--|--|
| the process involved in having a DMMR; and | • to me releasing to the pharmacist information about their medical history, medications and including immunisations |
| THE PATIENT UNDERSTANDS THAT: | THE PATIENT CONSENTED: |
| <ul style="list-style-type: none">• the location of the DMMR is at their choice, but preferably in their own home; and• the pharmacist who will conduct the DMMR will communicate with me, information arising from the DMMR; and | • to me releasing their Medicare No. or DVA No. to the pharmacist for the pharmacist's payment purposes.* |

Date: 22/06/2023

Doctors Signature: Digitally Signed

* If the patient does not agree to releasing their Medicare No., the DMMR service can still be provided.

ACKNOWLEDGEMENT OF RECEIPT OF REFERRAL

From (community pharmacy): Amanda Nematalla

I have arranged to conduct a DMMR for: Mrs GG on / / Pharmacist

conducting interview: Amanda Nematalla

Signed