SAMPLE REPORT: fictional patient, for illustration only.

Medsight

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HOME MEDICINES REVIEW (HMR) REPORT

CONFIDENTIAL — for the referring medical practitioner

FROM:

Accredited Pharmacist conducting HMR: **Medsight accredited pharmacist**
Address: Home visits across Melbourne and the Gold Coast
Date of HMR interview: 14/10/2026 Date of report: 20/10/2026

TO:

General Practitioner (GP): **Dr Alex Example** Ph: (03) 5550 0123

HMR RECIPIENT:

Patient Name: Joan Sample	Date of birth: 12/03/1947
Address: 1 Example Street, Sampleville (fictional)	Medicare No: Sample only
Relevant conditions (as known at interview): Type 2 diabetes; hypertension; atrial fibrillation; chronic kidney disease stage 3a; osteoarthritis (knees); insomnia; hypercholesterolaemia; fall 6 weeks ago (no fracture)	

Dear Dr Alex Example,

Thank you for your referral to conduct a Home Medicines Review (HMR) for Joan Sample.

Patient concerns identified at the time of the HMR interview:

Dizzy when she gets up at night, since a fall six weeks ago on the way to the toilet.
Knee pain limits her walking; finds Panadol Osteo "doesn't work".
Unsure why she takes two cholesterol tablets.

Allergies/sensitivities:

Penicillin: rash (1990s).

The following is a list of the medications that Joan Sample is currently taking:

*(Note: differences between the GP referral and what the patient is actually taking are highlighted in **bold**)*

Medication, strength, form and (brand)	Actual dosage taken according to patient	Indication as per patient	Comments
Apixaban 5 mg tablet (Eliquis)	One twice a day	Blood thinner, "for my heart rhythm"	Taken as prescribed.

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Metformin XR 1000 mg tablet (Diabex XR)	Two with the evening meal	Diabetes	Misses about one dose a week. See finding 4.
Perindopril 5 mg tablet	One in the morning	Blood pressure	Taken as prescribed.
Indapamide 1.5 mg modified-release tablet	One in the morning	Blood pressure, "fluid tablet"	Taken as prescribed.
Atorvastatin 40 mg tablet (Lipitor) and atorvastatin 40 mg tablet (generic brand)	**One of each at night (80 mg in total)**	**Cholesterol**	**Same medicine from two pharmacies, taken together. See finding 2.**
Temazepam 10 mg tablet	One at night	Sleep	Nightly for more than 5 years. See finding 3.
Paracetamol 665 mg modified-release tablet (Panadol Osteo)	**One, occasionally**	**Knee pain**	**Taken rarely and below the usual dose. See finding 1.**
Ibuprofen 200 mg tablet (over the counter)	**Two, up to three times a day**	**Knee pain**	**Not on the referral list. See finding 1.**
Colecalciferol 1000 IU capsule (over the counter)	**One daily**	**"For my bones"**	**Not on the referral list.**

Observations and recent pathology (as available at interview):

Test / observation	Result	Date
Blood pressure, sitting then standing	132/74 then 114/68 mmHg; dizzy on standing	At interview
Weight	66 kg	At interview
eGFR	52 mL/min/1.73 m²	Mar 2026
Serum creatinine	98 µmol/L	Mar 2026
HbA1c	7.4%	Mar 2026

Medication Management and Adherence Assessment

Manages her own medicines from the original packs; her daughter checks in weekly. Uses two community pharmacies. No dose administration aid.
Misses the evening metformin about once a week when she skips dinner.
Stores medicines appropriately (kitchen cupboard, away from heat and moisture).

Actions already undertaken at the time of the HMR interview:

Issues/Findings	Pharmacist Interventions

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Reconciled medicine list Two pharmacies and two brands of atorvastatin. Over-the-counter ibuprofen and vitamin D were not on the GP list.	Gave Mrs Sample an updated medicine list and asked her to show it at each pharmacy and appointment.
Duplicate atorvastatin Taking Lipitor and a generic atorvastatin together (80 mg a day).	Explained that they are the same medicine. Mrs Sample agreed to take only one at night and return the spare box to her pharmacy.
Night-time falls risk Fall six weeks ago on the way to the toilet at night.	Discussed a night light and sitting on the edge of the bed before standing. Left written sleep-hygiene information.

Medication Review:

Issues/Findings	Recommendations	Management Plan to be completed by GP
1. Over-the-counter ibuprofen with apixaban, perindopril and indapamide, in CKD stage 3a Mrs Sample buys ibuprofen and takes two tablets up to three times a day for knee pain. It was not on her medicine list. With apixaban it raises her bleeding risk, including gastrointestinal bleeding. With perindopril and indapamide, in chronic kidney disease, it raises the risk of acute kidney injury (the "triple whammy").	• Consider advising Mrs Sample to stop ibuprofen. She is willing to if her pain is controlled. • Consider regular paracetamol 665 mg modified-release, two tablets three times a day, for knee pain. • If pain persists, consider a topical anti-inflammatory or a physiotherapy referral. **Monitoring plan:** • Renal function and electrolytes at the next blood test. • Pain and mobility at follow-up.	☐ No action required ☐ Action taken (comment)

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2. Two brands of atorvastatin: taking a double dose Mrs Sample has atorvastatin 40 mg from two pharmacies under two brand names and has been taking one of each at night, so 80 mg a day instead of 40 mg. She did not know they were the same medicine. She mentions new aching in her thighs.	• Consider confirming the intended dose of atorvastatin 40 mg at night. • Consider a dose administration aid (e.g. a blister pack) from one pharmacy, to prevent duplication. **Monitoring plan:** • Muscle symptoms once the duplicate is stopped; consider a CK level if aching persists.	☐ No action required ☐ Action taken (comment)
3. Temazepam every night for more than 5 years, with a recent fall Mrs Sample has taken temazepam 10 mg every night for over 5 years. She fell six weeks ago getting up at night and feels dizzy on standing (BP 132/74 sitting, 114/68 standing). Benzodiazepines increase the risk of falls in older people, and long-term nightly use usually adds little benefit for sleep.	• Consider discussing a gradual, supervised dose reduction of temazepam, at a pace guided by how Mrs Sample responds. • Consider reviewing her postural blood pressure and whether the antihypertensive regimen remains suitable. • Consider a falls risk assessment or physiotherapy referral. **Monitoring plan:** • Sleep, and any withdrawal symptoms during the reduction. • Falls and dizziness.	☐ No action required ☐ Action taken (comment)
4. Long-term metformin: vitamin B12 and renal function due Mrs Sample has taken metformin for more than 10 years and reports tingling in her feet. Long-term metformin can lower vitamin B12. Her last eGFR (52, March 2026) is seven months old, and her renal function also bears on finding 1.	• Consider checking vitamin B12 at the next blood test. • Consider repeating eGFR and electrolytes. **Monitoring plan:** • Renal function and vitamin B12 at intervals suited to her CKD stage while she takes metformin.	☐ No action required ☐ Action taken (comment)

Additional information available to you may alter the relevance of these notes. I acknowledge that in this context some of the comments made may be inappropriate. I also acknowledge that any decision made following these comments is entirely at your discretion.

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If there is anything further you would like to discuss with me in regards to this interview or report, please do not hesitate to contact me on 0402 077 548.

Regards,

Signature: _____ Date: 20/10/2026
Medsight accredited pharmacist (AACP-accredited pharmacist)

References:

[1] Pharmaceutical Society of Australia. Medicine Safety: Take Care. Canberra: PSA; 2019.

[2] Australian Medicines Handbook (online). Adelaide: Australian Medicines Handbook Pty Ltd; 2026.

[3] Therapeutic Guidelines (eTG complete, online). Melbourne: Therapeutic Guidelines Limited; 2026.

[4] The Royal Australian College of General Practitioners. Prescribing drugs of dependence in general practice, Part B: Benzodiazepines. Melbourne: RACGP; 2015.

[5] Kidney Health Australia. Chronic Kidney Disease (CKD) Management in Primary Care. Melbourne: Kidney Health Australia.

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