

CLOZAPINE GP SHARED CARE REVIEW

Patient Name

DOB

PAH UR:

GP Name

Practice

Examination Date

Consider using the outstanding Action/Recall feature of your clinical software to plan reviews. Consider longer appointments for 6 monthly & annual reviews.

FBE PERFORMED EVERY 28 DAYS & EACH REVIEW

This months FBE is in the

Green Range

WBC $3.5 \times 10^9/L$ &/or NC $> 2.0 \times 10^9/L$

Amber Range

WBC $3.0-3.5 \times 10^9/L$ &/or NC $1.5-2.0 \times 10^9/L$

Red Range

WBC $< 3.0 \times 10^9/L$ &/or NC $< 1.5 \times 10^9/L$

TICK

PHYSICAL ASSESSMENT EVERY 28 DAYS & EACH REVIEW

General Health Check inc. Blood Pressure & Weight

28 Day Brief Physical

6 Monthly Full Physical

Examine mouth & throat for signs of infection

Within Normal Range

Within Abnormal Range

Check temperature, heart sounds & pulse rate

Within Normal Range

Within Abnormal Range

Assess for any adverse side effects from clozapine

Within Normal Range

Within Abnormal Range

Nil Side Effects

Side Effects Present

Please note any abnormalities in additional comments section below & treat as appropriate. Report any medication changes to LBMHS.

BRIEF MENTAL STATE ASSESSMENT EVERY 28 DAYS & EACH REVIEW

Stable Mental State

Notable deterioration in mental state. Refer to LBMHS for management

Please report any notable deterioration in mental state to LBMHS. If appropriate consider re-referral back to LBMHS

Current dose of clozapine

mg

Currently smoking?

YES

NO

Recently stopped smoking?

YES

NO

Pathology request completed for test due in 28 days?

YES

NO

Next appointment made for 28 days time?

YES

NO

6 MONTHLY METABOLIC SCREENING Please report any abnormalities to LBMHS & treat as appropriate. Consider referral to dietitian

Height

Weight

Waist

BMI

Fasting Blood Glucose

Within Normal Range

Within Abnormal Range

Lipids

Within Normal Range

Within Abnormal Range

LFT

Within Normal Range

Within Abnormal Range

U&E

Within Normal Range

Within Abnormal Range

Referral to dietitian?

YES

NO

6 MONTHLY MEDICATION REVIEW

Please list current medications:

ANNUAL CARDIAC SCREENING

Please report any abnormalities to LBMHS & treat as appropriate.

ECG

Date

Result

Normal

Abnormal

ECHOCARDIOGRAPH

Date

Result

Normal

Abnormal

ANNUAL HOME MEDICINE REVIEW :

YES

NO

Additional Comments:

PLEASE FAX TO: LBMHS Clozapine Coordinators on the number provided.

Fax: 5541 9199