

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
Examine mouth & throat for signs of infection
Check temperature, heart sounds & pulse rate
Assess for any adverse side effects from clozapine

<input type="checkbox"/> 28 Day Brief Physical	<input type="checkbox"/> 6 Monthly Full Physical
<input type="checkbox"/> Within Normal Range	<input type="checkbox"/> Within Abnormal Range
<input type="checkbox"/> Within Normal Range	<input type="checkbox"/> Within Abnormal Range
<input type="checkbox"/> Within Normal Range	<input type="checkbox"/> Within Abnormal Range
<input type="checkbox"/> Nil Side Effects	<input type="checkbox"/> 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	<input type="checkbox"/> Within Normal Range	<input type="checkbox"/> Within Abnormal Range
Lipids	<input type="checkbox"/> Within Normal Range	<input type="checkbox"/> Within Abnormal Range
LFT	<input type="checkbox"/> Within Normal Range	<input type="checkbox"/> Within Abnormal Range
U&E	<input type="checkbox"/> Within Normal Range	<input type="checkbox"/> Within Abnormal Range
Referral to dietitian?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

6 MONTHLY MEDICATION REVIEW

Please list current medications:

ANNUAL CARDIAC SCREENING

Please report any abnormalities to LBMHS & treat as appropriate.

ECG	Date	Result	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
ECHOCARDIOGRAPH	Date	Result	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

ANNUAL HOME MEDICINE REVIEW : YES NO

Additional Comments:

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

Fax: 3412 3241