## **CLOZAPINE GP SHARED CARE REVIEW FORM**

Patient:		DOB				PAH UR:	
GP Name:		Practice:					
Examination Date:							
Consider longer appointments for 6 monthly & annual reviews.							
FBE PERFORMED EVERY 28 DAYS & EACH REVIEW TICK							
This months FBE is in the	Green Range Amber Range Red Range	WBC >3.5 x 10^9/L &/or NC > 2.0 x 10^9/L  WBC 3.0-3.5 X 10^9/L &/or NC 1.5-2.0 x 10^9/L  WBC < 3.0 x 10^9/L &/or NC < 1.5 x 10^9/L					
PHYSICAL ASSESSMENT EV	□28 Day Brief Physical			□6 Monthly F	ull Physical		
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			□Within Normal Range □Within Normal Range □Within Normal Range □Within Normal Range			□Within Abnormal Range □Within Abnormal Range □Within Abnormal Range □Within Abnormal Range	
Please note any abnormalities in additional comments section below & treat as appropriate. Report any medication changes.							
BRIEF MENTAL STATE ASSESSMENT EVERY 28 DAYS & EACH REVIEW							
□Stable Mental State □Notable deterioration in mental state.							
Please report any notable deterioration in mental state to Psychosis ACU, Woollongabba Community Health Centre After hours enquiries can be directed to MH CALL 1300 64 22 55							
Current dose of clozapine			mg				
Currently smoking?	□YES □	NO	Recently sto	pped smol	king?	□YES	□NO
Pathology request complete	ed for test due in 2	28 days?		□YES	□NO		
Next appointment due in 28 days. Appointment made?				□YES	□NO		
Fasting Blood Glucose Lipids LFT U&E Referral to dietitian?	Weight □	port any abnormalities to Waist Within Normal Rang Within Normal Rang Within Normal Rang Within Normal Rang	ge ge	BP □Within □Within □Within	-	nge nge nge	
6 MONTHLY MEDICATION I		Annual H	ome Medicin	e Review		□YES	□NO
ANNUAL CARDIAC SCREENING  Please report any abnormal Please attach a copy of the			results.			priate.	
ECG	Date		Result	□Norma	l	□Abnormal	
ECHOCARDIOGRAPH	Date		Result	□Norma	I	□Abnormal	
Additional Comments:							

PLEASE EMAIL (preferred) or FAX TO: Clozapine Clinic, Psychosis, Woolloongabba Community Health Centre

MSAMHS Clozapine@health.qld.gov.au

FAX: 3176 1279

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Updated July 2020