

CLOZAPINE GP SHARED CARE REVIEW FORM
Metro South Addiction and Mental Health Services Ph: 1300 642 255

Fax: 3078 2120

(PDF, V1, September 2024)

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RE Patient Name:

DOB:

GP Name:

Practice:

Examination Date:

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Consider longer appointments for 6 monthly & annual reviews

FBE PERFORMED EVERY 28 DAYS & EACH REVIEW

This months FBE result is in the:

PHYSICAL ASSESSMENT EVERY 28 DAYS & EACH REVIEW

Physical Assessment Performed:

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 effect from Clozapine:

Please note any abnormalities in the additional comments section below and treat as appropriate. Report any medication changes

BRIEF MENTAL STATE ASSESSMENT EVERY 28 DAYS & EACH REVIEW

Brief Mental State Assessment Results:

After hours enquiries can be directed to MH CALL 1300 642 255

Current dose of Clozapine:

Pathology request completed for test due in 28 days:

Next appointment made for 28 days time:

Smoking history:

Smoking quitting stage:

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6 MONTHLY METABOLIC SCREENING

Observations:

Fasting Blood Glucose:

Lipids:

LFT:

U and E:

Referral to Dietitian:

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RE:

D.O.B:

6 MONTHLY MEDICATION REVIEW

Current Medications:

Annual Home Medicine Review:

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ANNUAL CARDIAC SCREENING

Date of ECG:

Result:

Date of Echocardiogram:

Result:

Additional Comments _____

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COMPLETION INSTRUCTIONS:
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RE:

D.O.B: