04/21

DO NOT WRITE IN MARGIN

CLOZAPINE MONITORING FORM – PART B

(to be used after WA clozapine initiation and titration chart)

WARD____________________

DOCTOR____________________

Please use I.D. label or block print

SURNAME	UMRN	
GIVEN NAMES	DOB	GENDER
ADDRESS		POSTCODE
	TELEPHONE	

To be used in conjunction with Clozapine Monitoring form PART A

Please indicate N (Normal) or A/N (Abnormal) in relevant white box once test completed (grey boxes are not mandatory but repeat tests if clinically indicated)

CLINICAL REVIEW REMINDERS	Baseline	1 week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	12 weeks	6 months	12 months	18 months	2 years	2.5 years	3 years	3.5 years	4 years	4.5 years	5 years
Date		Use WA Clozapine Initiation and tritration Chart (First 4 weeks)																
Troponin																		
C-Reactive Protein																		
ECG		As clinically indicated				As indicated												
Echocardiogram		ClopineCentral TM recommends an Echo at Baseline, 3 mths, years 1, 2, 5 and 10. Repeat Echocardiogram as clinically indicated i.e. resting tachycardia, tachypnea, shortness of breath or hypotension																
Clozapine / Norclozapine levels (write value)																		
Indicated date in below boxes when completed																		
Full Physical Examination booked (annually)																		
GP Letter (6 monthly)																		
Check current Care Plan (3–6 monthly)																		
DETAILS OF PERSON COMPLETING THIS FORM	*These are suggested guidelines only, refer to the treating psychiatrist for individual monitoring requirements*																	
Signature or Initials																		
Name (Please print)																		

MR XXX **CLOZAPINE MONITORING FORM**

Clozapine Monitoring Form B.indd 1 22/4/21 10:48 am