

Add Service [X] [?] [↶]

America, Alan (Active) Client No.: 072010

Episode No.: 00478672 (Ambulatory)

Contact No.: **New Contact** Procedure: **Clozapine Review - MH Service only (04.0200)**

CLOZAPINE REVIEW MH SERVICE ONLY - Page One

Record Information

Contact Date: // ...

Team...: []

Worker ID...: []

Time (24 hour clock): : [] [X]

Mode...: Face-to-Face

Participation Status...: Patient/consumer participating

Location of Contact...: []

Other registered clients involved?...: No *(A registered client is one who has an existing client record)*

SAPOL Yes No

Was SAPOL present at this Contact?

Extreme Heat Yes No

Was the Contact made specifically to check the Consumer's welfare in a period of Extreme Heat (HIGH (Watch) or EXTREME (Warning)?

Save Delete Print... Close Help Next Previous

Go To: []

Page 1 of 4

< > << >>

Add Service [X] [?] [↶]

America, Alan (Active) Client No.: 072010

Episode No.: 00478672 (Ambulatory)

Contact No.: **New Contact** Procedure: **Clozapine Review - MH Service only (04.0200)**

CLOZAPINE REVIEW MH SERVICE ONLY - Page Two

Clinical Information

Reviewed for signs and symptoms of infection: // ...

Latest blood test date: // ...

Blood test next due date: // ...

Blood results entered into CPMS: by Coordinator by Pharmacist FAXed

3 month GP/Private Psychiatrist review was conducted on: // ...

Comments: []

Time taken (minutes): [0]

Save Delete Print... Close Help Next Previous

Go To: []

Page 2 of 4

< > << >>

Add Service [X]

America, Alan (Active) Client No.: 072010 [?] [↶]

Episode No.: 00478672 (Ambulatory)

Contact No.: **New Contact** Procedure: **Clozapine Review - MH Service only (04.0200)**

CLOZAPINE REVIEW MH SERVICE ONLY - Page Three

Clozapine Assessment and Review

1. Has there been a change in mental state or functioning? Yes No Not entered [] [v] [...]

2. Has the smoking status changed? Yes No Not entered [] [v] [...]

3. Has there been any change to the clozapine dose? Yes No Not entered [] [v] [...]

4. Has there been a change to the medication regimen including over-the-counter (OTC) medications? Yes No Not entered [] [v] [...]

5. Has there been any change to any substance use including THC, caffeine etc.? Yes No Not entered [] [v] [...]

6. Are there any signs or symptoms of infection? Yes No Not entered [] [v] [...]

7. Is there any indication of cardiovascular dysfunction? Yes No Not entered [] [v] [...]

8. Is there any indication of seizure activity? Yes No Not entered [] [v] [...]

Save
Delete
Print...
Close
Help
Next
Previous

Go To: []

Page 3 of 4

< [] > []

<< [] >> []

Add Service [X]

America, Alan (Active) Client No.: 072010 [?] [↶]

Episode No.: 00478672 (Ambulatory)

Contact No.: **New Contact** Procedure: **Clozapine Review - MH Service only (04.0200)**

CLOZAPINE REVIEW MH SERVICE ONLY - Page Four

Clozapine Assessment and Review (continued)

9. Is there any sign of extra-pyramidal side effects (EPSE)? Yes No Not entered [] [v] [...]

10. Has there been a change in the level of sedation or sleeping pattern? Yes No Not entered [] [v] [...]

11. Is there any hypersalivation or change in the level of hypersalivation? Yes No Not entered [] [v] [...]

12. Is there a change in bowel habits specifically constipation? Yes No Not entered [] [v] [...]

13. Is there any indication of abnormal urinary symptoms? Yes No Not entered [] [v] [...]

14. Has the consumer reported any sexual side effects? Yes No Not entered [] [v] [...]

Further information as required: [] [v] [...]

Save
Delete
Print...
Close
Help
Next
Previous

Go To: []

Page 4 of 4

< [] > []

<< [] >> []

04.0200 Clozapine Review - MH Service only 20120501/1