

Alfred Sandringham Caulfield

Unit:.....

REFERRAL FOR CLOZAPINE MANAGEMENT

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Family Name

Given Names

Address

Date of Birth Gender Male Female

• Fax / email referral to **Alfred Health Clozapine Coordinator**
F 03 9076 9855 E navigations@alfred.org.au
St Kilda Road Clinic
Level 3, 607 St Kilda Road, MELBOURNE VIC 3004
T 03 9076 9888

Patient Details

Phone/s			
Clopine® / Clozaril® number (CPN)		CMI Number	

Transfer Details

Transferring from (Clinic or Centre name)			
Transferring Clinic Clozapine Coordinator Name			
Phone	Fax	Email	

Clozapine Details

Date of final clozapine review with transferring Service			
Current Clozapine Dose			
Week 18 date			
Date of last FBE	Date FBE next due		
Pathology Service name	Ensure patient has request slip		

Documents to include with referral

- Investigation results
 - Last echocardiogram and ECG
 - Metabolic monitoring - U&E, LFT, CRP, Troponin, fasting glucose, lipid studies, serum clozapine, mood stabiliser serum levels (where applicable)
- Progress notes from last Psychiatrist review
- Discharge Summary (if available) / clinical transfer information

Additional details if currently taking Clozaril® brand

Clozapine commencement date			
Blood Group	Diabetes – Yes / No		
Any family history of schizophrenia?			
Ever had an episode of drug induced neutropenia?			
Any bone marrow disorder?			

- Include last 3 FBE results, with accompanying clozapine doses

