

☐ Alfred ☐ Sandringham ☐ Caulfield

Unit:.....

## REFERRAL FOR CLOZAPINE MANAGEMENT

UR

Family Name

Given Names

Address

Date of Birth

Sex at birth

Male ☐

Female ☐

<ul style="list-style-type: none"> <li>Fax / email referral to <b>Alfred Health Clozapine Coordinator</b>  <b>F 03 9076 9855</b>      <b>E <a href="mailto:ga.clozapine@alfred.org.au">ga.clozapine@alfred.org.au</a></b>  <b>St Kilda Road Clinic</b>  <b>Level 3, 607 St Kilda Road, MELBOURNE VIC 3004</b>  <b>T 03 9076 9888</b> </li> </ul>			
<b>Patient Details</b>			
Phone/s			
Clopine® / Clozaril® number (CPN)		CMI Number	
<b>Transfer Details</b>			
Transferring from (Clinic or Centre name)			
Transferring Clinic Clozapine Coordinator Name			
Phone		Fax	
		Email	
<b>Clozapine Details</b>			
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	
<b>Documents to include with referral</b>			
<ul style="list-style-type: none"> <li>Investigation results <ul style="list-style-type: none"> <li>Last echocardiogram and ECG</li> <li>Metabolic monitoring - U&amp;E, LFT, CRP, Troponin, fasting glucose, lipid studies, serum clozapine, mood stabiliser serum levels (where applicable)</li> </ul> </li> <li>Progress notes from last Psychiatrist review</li> <li>Discharge Summary (if available) / clinical transfer information</li> </ul>			
<b>Additional details if currently taking Clozaril® brand</b>			
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?			
<ul style="list-style-type: none"> <li>Include last 3 FBE results, with accompanying clozapine doses</li> </ul>			