

First Name: _____	Gender: _____
Surname: _____	
AFFIX PATIENT LABEL HERE	
Date of Birth: _____	NHI#: _____
Ward/Clinic: _____	Consultant: _____

Mental Health Services Group

Clozapine Initiation Checklist

Action	Tick when completed
Clozapine information fully discussed with consumer (and whanau/caregivers where available), including use of WDHB clozapine information resources.	
Verbal consent given or second opinion obtained and process documented in clinical notes.	
Baseline clinical assessment performed of function and symptoms.	
Medical history reviewed (past and current comorbidity and family history of cardiovascular disease).	
Physical examination performed (abdominal examination, weight, waist circumference, body mass index, pulse and blood pressure (lying and standing) and temperature).	
Baseline ECG within the four weeks prior to starting clozapine.	
Referral made for baseline echocardiogram. N.B. test does not need to occur prior to starting clozapine. On referral form please state "pre-clozapine baseline" and give an indication of approximately when it is intended to start clozapine.	
Referral made for baseline chest X-ray if none available within past five years. N.B. X-ray does not need to occur prior to starting clozapine.	
Baseline blood tests within ten days prior to starting clozapine (FBC, electrolytes, renal and liver function tests, creatinine kinase, troponin-I, C-reactive protein, fasting blood sugar and lipid profile).	
Consumer registered with and approved by the relevant FBC monitoring system.	
Clozapine letter for general practitioner sent (http://intranet/QualityDocs/Quality%20Documentation/S6%20Mental%20Health%20Services/MHSG/[1]%20Clozapine%20-%20GP%20Letter%20Mar11.pdf).	
Clozapine wallet card given to consumer (available in all clinical areas).	

Signed: _____ Date: _____

Name (print): _____ Designation: _____

Once completed this form should be filed in the consumer's clinical notes.
For further information see *Clozapine Best Practice Guidelines*.

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