

NHS GREATER GLASGOW & CLYDE
Mental Health Services
CLOZAPINE OUT PATIENT PRESCRIPTION REQUEST FORM

Patient's Name:		Consultant	
Clozapine Registration Number		Blood sampling location	
CHI number (10 digits)			
		Collection location	

	START DATE*	DRUG	FORM	DOSE	MORN ING	LUNCH TIME	TEA TIME	NIGHT	STOP DATE*
A									
B									
C									
D									
E									
F									

* To be used during dose escalation (see guidance notes)

Pharmacist Check & Date:

Compliance aid required	Y / N	Date prescribed	
Prescriber's signature		Date to commence	
Prescriber's name (print)		Prescriber's designation (print)	
Contact number			

Notes on the use of the Clozapine out patient prescription request form

Actions for prescribers

1. Complete the form as fully as possible in blue or black ink.
2. Print details in block capital letters
3. Complete the full 10 digit CHI number
4. Complete both the date prescribed and date commenced section. This gives pharmacy an indication of the urgency of the supply. In many instances changes in dose can wait until the patient is next scheduled to collect medication. If prescribers do not know the date of the next scheduled collection please enter 'when next due' in the date to commence box.
5. Prescriptions will only be valid if signed by an authorised prescriber.
6. Once complete please send this prescription request form to Leverndale pharmacy dispensary. If faxing follow the procedure outlined in the procedure for requesting pass medication.
7. Use of start and stop dates. These columns are designed to facilitate services who may wish to make progressive dose changes over a period of several weeks e.g. taking a dose from 200mg to 350mg in weekly increments of 50mg over three weeks. Then the start and stop date of each incremental change should be completed on the form. Once the dose is stable a new form for that dose should be sent to pharmacy. If for any reason an incremental change has not to be actioned e.g. side effects please send a new form to pharmacy.
8. Out patient initiation. Where services are able to safely support out patient initiation of clozapine this form may be used in conjunction with the agreed initiation titration regimes. Simply prescribed clozapine as per titration regime on line A of the form and send it and a copy of the titration regime to pharmacy.

Actions for pharmacy

9. Pharmacy or CMHT staff will input the clozapine registration number and collection address.
10. On first dispensing, pharmacy will complete the pharmacy only section and return a complete copy of the prescription to the prescriber/community team for their records. Subsequent repeated prescriptions will be sent with consignment information only.
11. Pharmacy will repeat the prescription at intervals determined by the blood testing schedule unless otherwise instructed.