



MEDICATION CLINIC REFERRAL FORM

For Outpatient Clozapine Initiation ONLY

1453 Prince Road, Windsor, Ontario N9C 3Z4

Telephone: 519-257-5111 Ext. 72675 Fax: 519-973-1731

***Please note there is a separate referral form if referring for Long-Acting Injection or Clozapine maintenance. ***

PATIENT INFORMATION			
Last Name:		First Name:	
Date of Birth: YYYY-MM-DD	Birth Sex:		Gender Identity:
Address:			Phone:
Health Card:		Version Code:	GENCAN #:
CONTACT INFORMATION			
Primary Contact:	Relationship with client:	Phone Number #1:	Phone Number #2:
Community Psychiatrist:		Community Treatment Order: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Worker's Name _____	
INSURANCE			
ODSP: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Other Insurance Provider:			

Fax this referral and the following to **519-973-1731**

- Prescription for Clozapine (with repeats and titration schedule)
- Copy of last CBC results
- Pre-Clozapine Initiation Checklist (page 2)

Please arrange an appointment **by calling 519-257-5111 ext. 72675**

Referral Source: _____

Contact Name: _____





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Pre-Clozapine Initiation Checklist – To be completed by Referring Physician

Please indicate the following have been completed prior to referring to the Medication Clinic for Clozapine Initiation	✓
Application for Clozapine Funding Form completed?	
Patient Registration Form completed?	
Patient's GenCAN Identification Number?	
SDM approval (if applicable) obtained?	
Does the patient fall into the category of Benign Ethnic Neutropenia "BEN"? Benign Ethnic Neutropenia (BEN) is a condition observed in many ethnic groups whose average ANC values are lower than standard lab values for neutrophils. They are not at an increased risk for developing Clozapine induced neutropenia.	
Is the client on scheduled Benzodiazepines or antipsychotics? On other antipsychotics? This may increase risk of circulatory collapse accompanied by respiratory and / or cardiac arrest. Initiation of Clozapine therapy in hospital setting should be explored. This will be taken into consideration when selecting monitoring options at the Medication Clinic.	
History of cardiovascular disease or seizures? This will be taken into consideration when selecting monitoring options at the Medication Clinic.	
Last absolute Neutrophil count (ANC)? _____	
Client education completed about the monitoring requirements? CBC: Weekly x 26 weeks Biweekly x 26 weeks Qmonthly thereafter Client must report any smoking / caffeine intake changes during Clozapine therapy	
Client education completed about the potential symptoms they may experience during Clozapine initiation? <ul style="list-style-type: none"> • Sweating • Fever • Constipation • Flu-like symptoms • Orthostatic hypotension • Tachycardia & hypotension • Headache/ tremor • Dizziness/ vertigo • Drowsiness/ sedation • Seizure • Hyper-salivation • Nausea 	
Provided client with the Initiation Process at the Medication Clinic and reviewed Missed Appointment Policy?	
Healthcare Provider Signature:	Date: (MM/DD/YYYY)

