Government of South Australia
SA Health

CLOZAPINE TRANSFER OF CARE (MR76D)

Facility: .....

Affix participant identification label in this box

UR No: .....

Surname: .....

Given Name: .....

Second Given Name: .....

D.O.B: ..... Sex: .....

This handover form is a combined responsibility of nursing, medical, pharmacists or General Practitioners. This information is vital for the safe discharge or transfer of the participant. Responsibility of Transferring Team/Service.

Referral date	__ __ / __ __ /20 __ __	Referred by *(print name)*		Referrer contact number	
Discharged/ transferred from		Estimated discharge date	__ __ / __ __ /20 __ __	Participant phone number	
Participant address			Discharged to (Clozapine Centre Name):		

Primary Diagnosis

Adherence Risk*

Poor insight	☐
Past poor adherence	☐
Current poor adherence	☐
Community treatment order *Expiry Date*	Yes / No __ __/__ __/20__ __

Complications*	Occurred	Ongoing
Hyper/Hypotension	☐	Yes / No
Tachycardia (>110bpm)	☐	Yes / No
Chest pain	☐	Yes / No
Abnormal renal function	☐	Yes / No
Dyspnoea	☐	Yes / No
Fever/infection	☐	Yes / No
Neutropenia	☐	Yes / No
Eosinophilia	☐	Yes / No
Myoclonus	☐	Yes / No
Seizures	☐	Yes / No
EPSE	☐	Yes / No
Sedation	☐	Yes / No
Hypersalivation	☐	Yes / No
Constipation	☐	Yes / No
Incontinence	☐	Yes / No
Sexual side effects	☐	Yes / No
Weight gain	☐	Yes / No
Needle phobia	☐	Yes / No
Suicidality	☐	Yes / No
Aggression	☐	Yes / No
History of rebound psychosis	☐	Yes / No

Clozapine information

Commencement / recommencement date	__ __/__ __/20 __ __	CPN	
Weeks/months/years of clozapine treatment		Blood Group	
Days of clozapine prescribed on discharge *(should equal the days to clozapine appointment)*		__ __ days	
Clozapine dose (mg)	Current	Target	
Need for dose titration? *(please circle)*	**No**	**Increase**	**Decrease**
Dispensing Pharmacy:			

The following documentation must accompany this form:

Original of current *clozapine protocol* form (weekly/4 weekly)	☐
Original of *Clozapine Investigation and Prescription Record*	☐
Copies of all electrocardiographs (ECGs)	☐
Copies of all echocardiograms	☐
Medication summary (pharmacy)	☐
Pathology form for next complete blood examination (CBE)	☐

NOTE: CBE must be within 48 hours prior to community clozapine appointment

Accommodation

Homeless*	☐
Independent	☐
Shared	☐
Boarding/SRF	☐
Community Recovery Centre	☐

Support services

Dose administration aid	☐	Required:	Yes / No
SA Community Care	☐	Referral made:	Yes / No
Taxi to first appointment	☐	Required:	Yes / No
Home visit for CBE	☐	Required:	Yes / No
		Date booked:	__ __/__ __/20 __ __
Clinic / GP appointment	☐	Required:	Yes / No
		Date:	__ __/__ __/20 __ __
		Time:	__ __ : __ __am / pm

* For inpatients: If the participant has any adherence risk or complications, please address these in a post-discharge support plan and provide to Clozapine Coordinator.

Additional Psychiatric Diagnosis: .....
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Medical Diagnosis: .....
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Medication
Please provide a complete medication list
In what format has the medication list been provided
☐ MEDS REC
☐ Copy of Medication Chart
☐ Pharmacy Prepared Medication List
☐ MEDMAP
☐ Other Please Specify
Pharmacy Partnership Form *(initiation)* completed Y / N

Community support	Details	Contact Number
Family/partner/friend		
GP		
CMHS worker		
NGO support worker		
Private psychiatrist		
Community Pharmacy		

Full Name *(Please Print)*	Designation *(Please Print)*	
Signature	Date __ __/__ __/20 __ __	Time __ __ : __ __ am pm

Community Clozapine Clinics	**Address**	**Contact number**	**Fax number**
TRIAGE	Please contact TRIAGE for local services	131465	
Eastern CMHS (Glynburn/Hallett)	172 Glynburn Rd, Tranmere SA 5073	7425 5555	7425 5424
Forensic Community Team	200 Fosters Rd, Oakden SA 5086	8282 0441	8261 1599
Southern CMHS Marion	GP Plus 10 Milham St Oaklands Park, 5046	7425 8500	7425 8257
Northern CMHS	7-9 Park Tce, Salisbury SA 5108	7485 4300	7485 4404
North Eastern CMHS Modbury	116 Reservoir Rd, Modbury SA 5092	7425 7300	7425 7303
Southern CMHS Noarlunga	Adaire Clinic, Alexander Kelly Dve, Noarlunga Centre SA 5168	8384 9599	8384 1629
Western CMHS Port / West	57 Woodville Rd, Woodville SA 5011	7425 3800	7425 3999
OPMHS (Phone)	(Eastern: 7425 6400 / Northern: 8282 2500 / Southern: 8374 5800 / Western: 8426 0600)		
Bedded Services	**Address**	**Contact number**	**Fax number**
Flinders Medical Centre	Margaret Tobin Centre, Flinders Dve, Bedford Pk SA 5042	8404 2570	8404 2576
Queenstown Intermediate Care Centre	Portland Rd, Queenstown SA 5014	7425 7730	7425 3888
Berri Integrated MH Unit	10 Maddern Ave, Berri SA 5343	8580 2812	8580 2877
Forensic James Nash House	James Nash House, Fosters Rd, Oakden SA 5086	8266 9600	8266 9601
Glenside Campus	Pharmacy, Glenside Campus, Fullarton Rd, Eastwood SA 5065	7087 1222	7087 1231
Mt Gambier Integrated MH Unit	276-300 Wehl St, North Mt Gambier SA 5290	8721 1675	8721 1679
Whyalla Integrated MH Unit	20 Wood Tce, Whyalla SA 5600	8648 8566	8648 8370
Lyell McEwin Hospital	Ward 1G, Haydown Rd, Elizabeth Vale SA 5112	8182 9318	8182 9385
Modbury Hospital	Woodleigh House, 41- 69 Smart Road Modbury SA 5092	8161 2355	8161 2599
Queen Elizabeth Hospital	Cramond Clinic, 28 Woodville Rd, Woodville SA 5011	8222 7070	8222 6564
Royal Adelaide Hospital	Port Road, Adelaide, SA 5000	7074 3800	7074 6127
Women's and Children's Hospital	Boylan Ward, 72 King William Rd, North Adelaide 5006	8161 6622	8161 8069
For rural mental health participants, please contact the relevant CMH Team Leader or Clozapine Coordinator via CHSALHN Emergency Triage & Liaison Service		7087 1661	7087 1690