

Alameda County
Department of Behavioral Health Care Services
Mental Health Division

Client Name:
Birthdate:
Chart No.:
PSP Client No.:

Admit Date:
Reporting Unit:

CLOZAPINE APPLICATION

DATE _____ PHYSICIAN _____ FACILITY _____

Patient _____ DOB _____ MR# _____

Insurance: [] MediCal [] MIA [] Other: _____

DSM IV: AXIS I _____ AXIS II _____

AXIS III _____

Comments: _____

CURRENT ANTIPSYCHOTIC MEDICATIONS

NAME	DOSE	DURATION
<input type="checkbox"/> ARIPIPRAZOLE	_____	_____
<input type="checkbox"/> CHLORPROMAZINE	_____	_____
<input type="checkbox"/> CLOZAPINE	_____	_____
<input type="checkbox"/> FLUPHENAZINE po/im	_____	_____
<input type="checkbox"/> HALOPERIDOL po/im	_____	_____
<input type="checkbox"/> LOXAPINE	_____	_____
<input type="checkbox"/> MOLINDONE	_____	_____
<input type="checkbox"/> OLANZAPINE	_____	_____
<input type="checkbox"/> PERPHENAZINE	_____	_____
<input type="checkbox"/> QUETIAPINE	_____	_____
<input type="checkbox"/> RISPERIDONE	_____	_____
<input type="checkbox"/> THIORIDAZINE	_____	_____
<input type="checkbox"/> THIOTHIXENE	_____	_____
<input type="checkbox"/> TRIFLUOPERAZINE	_____	_____
<input type="checkbox"/> ZIPRASIDONE	_____	_____

PAST ANTIPSYCHOTIC MEDICATIONS

NAME	DOSE	DURATION
<input type="checkbox"/> ARIPIPRAZOLE	_____	_____
<input type="checkbox"/> CHLORPROMAZINE	_____	_____
<input type="checkbox"/> CLOZAPINE	_____	_____
<input type="checkbox"/> FLUPHENAZINE po/im	_____	_____
<input type="checkbox"/> HALOPERIDOL po/im	_____	_____
<input type="checkbox"/> LOXAPINE	_____	_____
<input type="checkbox"/> MOLINDONE	_____	_____
<input type="checkbox"/> OLANZAPINE	_____	_____
<input type="checkbox"/> PERPHENAZINE	_____	_____
<input type="checkbox"/> QUETIAPINE	_____	_____
<input type="checkbox"/> RISPERIDONE	_____	_____
<input type="checkbox"/> THIORIDAZINE	_____	_____
<input type="checkbox"/> THIOTHIXENE	_____	_____
<input type="checkbox"/> TRIFLUOPERAZINE	_____	_____
<input type="checkbox"/> ZIPRASIDONE	_____	_____
<input type="checkbox"/> OTHER	_____	_____

EXTRAPYRAMIDAL SIDE EFFECTS/MOVEMENT DISORDERS

() Akathesia () Tremor () Muscle Rigidity/Stiffness () Dystonia () Tardive Dyskinesia

Comments _____

OVER

CLINICAL STATUS/LEVEL OF IMPAIRMENT

SYMPTOMS	SEV	MOD	MILD	NONE
Emotional withdrawal				
Lack of spontaneity				
Blunted affect				
Inability to experience pleasure				
A/V hallucinations				
Paranoia				
Delusions				
Disorganization				
Attention difficulties				
Memory/recall difficulties				
Hx noncompliance with tx				

SYMPTOMS	SEV	MOD	MILD	NONE
Bizarre appearance				
Hostility/aggression				
Inability to develop relationships				
Conflict with caregivers				
Conflicts with family				
Persistent depression				
Suicidal thoughts/plans				
Substance abuse active/hx				
Hospitalization risk				

CLOZAPINE MEDICAL QUESTIONS:

Recent concurrent conditions:

- myeloproliferative disease
 immunosuppression
 organic illness
 hypotension
 cardiovascular, renal, hepatic or other systemic disease
 head trauma/seizure disorder
 blood disorder
 pregnancy
 none of the above

Comments:

CURRENT MEDICATION REGIMEN:

Name	Dose	Frequency	Name	Dose	Frequency

**Please FAX to Office of Medical Director
 FAX: (510) 567-6850**