Peel and Rockingham Kwinana Mental Health Service Non Metabolic Screening Protocol for Clozapine

Please indicate **N** (Normal) or **A/N** (Abnormal) in relevant white box once test completed (grey boxes are not mandatory but repeat any tests if required)

		Baseline	1 wk	2 wks	3 wks	4 wks	5 wks	6 wks	7 wks	8 wks	9 wks	10 wks	11 wks	12 wks	13 wks	14 wks	15 wks	16 wks	17 wks	18 wks	19 weeks onward
	Date																				
Date Commenced	FBP																				monthly
	Troponin																				
	CRP																				
	ECG																				
	LFT																				
	U+E																				
	Echocardiogram																				
	AIMS																				
	Prolactin																				
	βHCG																				
	Serum Clozapine (write value)																				
	Blood Group																				
		6 months	12 months	18 months	2 years	2.5 years	3 years	3.5 years	4 years	4.5 years	5 years	5. 5 years	6 years	6.5 years	7 years	7.5 years	8 years	8.5 years	9 years	9.5 years	10 years
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