

Name:	DOB:
CHI:	Consultant:

PMH – contraindications/Cautions

History of cardiac disorders?	Y	N	
Hepatic impairment?	Y	N	
Renal impairment	Y	N	
Obesity	Y	N	
Heavy smoker	Y	N	
Heavy alcohol intake	Y	N	
Old age	Y	N	
<i>Details:</i>			

Failure to respond to Clozapine	
Failure to tolerate Clozapine	
Partial response to Clozapine: as augmentation	

During the switch of one antipsychotic to another	
As a temporary measure during an exacerbation of illness	
Other:	

T3 ☐

[illegible]

