

Appendix III:

High Dose Antipsychotic Monitoring Form (information to be recorded each time a patient on high dose antipsychotics is reviewed)

Name:		CHI:	Consultant Psychiatrist:	Date of high dose antipsychotic initiation:
	Date of high dose antipsychotic review			
	Baseline			
Rationale				
Consent T2/T3				
Antipsychotic details				
Risk factors				
Drug interactions				
Monitoring completed e.g. ECG, U&Es, LFTs, standard obs (details)				
Symptom rating scale				
Side effects rating scale				
Monitoring next due				