

**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<br>T2/T3  |  |                          |   |  |
| Antipsychotic details   |  |                          |   |  |
| Risk factors  |  |                          |   |  |
| Drug interactions   |  |                          |   |  |
| Monitoring completed<br>e.g. ECG, U&Es, LFTs,<br>standard obs (details) |  |                          |   |  |
| Symptom rating scale  |  |                          |   |  |
| Side effects rating scale   |  |                          |   |  |
| Monitoring next due   |  |                          |   |  |