

This form is a request for the General Practitioner to take over the prescribing & administration of long-acting injectable antipsychotics (LAIs) under shared care arrangement											
GP Name & Address											
Patient's Name				Date of bi	irth						
NHS number											
Name of medicine				Doso							
Frequency of				Dose Last dose							
administration				given	•						
Route	Gluteal /	Gluteal / Deltoid		Side of la dose	st	Right / Left					
Diagnosis and Ration					nts tri	ed and where					
applicable, adverse effect	is and any	ongoing monitoring	requirements	)							
					Please contact CMHT duty staff on if the patient misses TWO successive appointments						
	•			if the p	oatie	ent misses					
TWO successive ap	pointme		Comment		Cor	ntinued					
TWO successive ap Investigations done a baseline	pointme	nts			Cor	ntinued nitoring by GP					
TWO successive ap	pointme	nts			Cor	ntinued nitoring by GP ee monthly					
Investigations done a baseline Weight (include BMI id	ppointme t deally)	nts			Cor mo	ntinued nitoring by GP ee monthly ual					
Investigations done a baseline Weight (include BMI id Fasting lipids	ppointme t deally)	nts			Cor mo Thre	ntinued nitoring by GP ee monthly ual ual					
Investigations done a baseline Weight (include BMI id Fasting lipids Blood glucose (random	ppointme t deally)	nts			Cor mo Thre Ann Ann	ntinued nitoring by GP ee monthly ual ual					
Investigations done a baseline Weight (include BMI id Fasting lipids Blood glucose (random Liver Function ECG U&Es	ppointme t deally)	nts			Cor mo Thre Ann Ann	ntinued nitoring by GP ee monthly ual ual ual					
Investigations done a baseline Weight (include BMI id Fasting lipids Blood glucose (random Liver Function ECG U&Es FBC	ppointme t deally)	nts			Cor mo Thre Ann Ann Ann Ann Ann	ntinued nitoring by GP ee monthly ual ual ual ual (if indicated)					
Investigations done a baseline Weight (include BMI id Fasting lipids Blood glucose (random Liver Function ECG U&Es FBC Prolactin	deally)  fasting)	nts			Cor mo Thre Ann Ann Ann Ann Ann	ntinued nitoring by GP ee monthly ual ual ual ual (if indicated) ual					
Investigations done a baseline Weight (include BMI id Fasting lipids Blood glucose (random Liver Function ECG U&Es FBC	deally)  fasting)	nts			Cor mo Thre Ann Ann Ann Ann Ann	ntinued nitoring by GP ee monthly ual ual ual ual (if indicated) ual					
Investigations done a baseline Weight (include BMI id Fasting lipids Blood glucose (random Liver Function ECG U&Es FBC Prolactin Blood pressure and put	deally)  If fasting)	Date Checked			Cor mo Thre Ann Ann Ann Ann Ann	ntinued nitoring by GP ee monthly ual ual ual ual (if indicated) ual					
Investigations done a baseline Weight (include BMI id Fasting lipids Blood glucose (random Liver Function ECG U&Es FBC Prolactin	deally)  If fasting)  Ise	Date Checked			Cor mo Thre Ann Ann Ann Ann Ann	ntinued nitoring by GP ee monthly ual ual ual ual (if indicated) ual					
Investigations done a baseline Weight (include BMI identification) Weight (include BMI identification) Weight (include BMI identification) Fasting lipids Blood glucose (randomediate) Liver Function ECG U&Es FBC Prolactin Blood pressure and put We accept shared car	deally)  If fasting)  Ise	Date Checked			Cor mo Thre Ann Ann Ann Ann Ann	ntinued nitoring by GP ee monthly ual ual ual ual (if indicated) ual					
Investigations done a baseline Weight (include BMI identification) Weight (include BMI identification) Fasting lipids Blood glucose (random Liver Function) ECG U&Es FBC Prolactin Blood pressure and put We accept shared car Consultant Psychiatri Signature Date	deally)  If fasting)  Ise	Date Checked			Cor mo Thre Ann Ann Ann Ann Ann	ntinued nitoring by GP ee monthly ual ual ual ual (if indicated) ual					
Investigations done a baseline Weight (include BMI identification) Weight (include BMI identification) Fasting lipids Blood glucose (random Liver Function) ECG U&Es FBC Prolactin Blood pressure and put We accept shared care Consultant Psychiatric Signature Date Contact number	deally)  If fasting)  Ise	Date Checked			Cor mo Thre Ann Ann Ann Ann Ann	ntinued nitoring by GP ee monthly ual ual ual ual (if indicated) ual					
Investigations done a baseline Weight (include BMI identification) Weight (include BMI identification) Fasting lipids Blood glucose (random Liver Function) ECG U&Es FBC Prolactin Blood pressure and put We accept shared car Consultant Psychiatri Signature Date	deally)  If fasting)  Ise	Date Checked			Cor mo Thre Ann Ann Ann Ann Ann	ntinued nitoring by GP ee monthly ual ual ual ual (if indicated) ual					

This form should be signed by the GP and kept in the practice notes. A copy should also be sent to the Consultant Psychiatrist for scanning and entry to the patients' electronic notes, Open RiO.