AA-Clozapine Patient Care Network
COORDINATOR REGISTRATION
17-AA004_AAC0230E1

AA-CLOZAPINE PATIENT CARE NETWORK

Phone: **1-877-276-2569**

Website: www.aaspire.ca

Please complete and fax to:

1-866-836-6778

AA-CLOZAPINE ASSIGNED PIN: _____

TREATMENT CENTRE REGISTRATION

Centre Name: _____

Address: _____

Tel: ( ) _____ **Ext:** _____ **Fax:** ( ) _____ **Email:** _____

Hours of Operation: _____

Emergency Contact Information (outside of regular business hours)

Contact Name(s): _____

Tel: ( ) _____ **Ext:** _____ **Fax:** ( ) _____ **Email:** _____

COORDINATOR / NURSE / CASE WORKER REGISTRATION

1. Name: _____ Tel: ( ) _____ Ext: _____
2. Name: _____ Tel: ( ) _____ Ext: _____
3. Name: _____ Tel: ( ) _____ Ext: _____
4. Name: _____ Tel: ( ) _____ Ext: _____
5. Name: _____ Tel: ( ) _____ Ext: _____

COORDINATOR / NURSE / CASE WORKER LIST OF PATIENTS

1. Initials: _____ Date of Birth __/__/____ (dd/ mm/ yyyy) Gender: ☐ M ☐ F ☐ Other: _____ Health Card # _____
2. Initials: _____ Date of Birth __/__/____ (dd/ mm/ yyyy) Gender: ☐ M ☐ F ☐ Other: _____ Health Card # _____
3. Initials: _____ Date of Birth __/__/____ (dd/ mm/ yyyy) Gender: ☐ M ☐ F ☐ Other: _____ Health Card # _____
4. Initials: _____ Date of Birth __/__/____ (dd/ mm/ yyyy) Gender: ☐ M ☐ F ☐ Other: _____ Health Card # _____
5. Initials: _____ Date of Birth __/__/____ (dd/ mm/ yyyy) Gender: ☐ M ☐ F ☐ Other: _____ Health Card # _____

COMMENT SECTION