AA-Clozapine Patient Care Network

INTERRUPTION

17-AA004_AAC0250E1

AA-CLOZAPINE PATIENT CARE NETWORK

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

Website: www.aaspire.ca

Please complete and fax to:

1-866-836-6778

Date:	**24-Jul-19**	# of pages incl. cover:	
Company:		**AA-CLOZAPINE Patient Care Network**	**Tel: 1-877- 276-2569** **Fax: 1-866-836-6778**
To:		From:	
Tel:		Email:	aaspire@aapharma.ca
Fax:		Website:	www.aaspire.ca

Patient Information

Patient PIN: ____________

Initials: ________ **Sex:** ☐ M ☐ F ☐ Other: ________ **Date of birth:** ________ **PHN:** ________

Please complete the table below in the event that a patient interrupts therapy during the course of treatment with AA-Clozapine. Please fax the Interruption Report to the AA-Clozapine Patient Care Network at the start of interruption and again when the interruption stops.

Interruption Start Date / AA-Clozapine Stop Date:	**Interruption Stop Date / AA-Clozapine re-start date:**	**Reason for interruption:**
____ / ____ / ____ DD MM YYYY	☐ **Ongoing Interruption** ____ / ____ / ____ DD MM YYYY	

☐ **Initial Report**

☐ **Final Report**

______________________________ Physician Signature ____ / ____ / ____ DD MM YYYY

☐ **Final Report**

______________________________ Physician Signature ____ / ____ / ____ DD MM YYYY