

**CLINICAL DECISION MAKING CHECKLIST FOR ZYPREXA
PRESCRIPTIONS**

Patient Name _____ Date _____

DESCRIBE NATURE OF CURRENT PSYCHIATRIC CONDITION

Diagnosis _____
Symptoms _____
Severity _____
Overall level of Functioning _____

DESCRIBE PAST HISTORY OF RESPONSES TO PRESCRIBED MEDICATION

Name of medication _____
Symptoms _____
Symptom severity _____
Overall level of functioning _____

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Symptoms _____
Symptom severity _____
Overall level of functioning _____

Name of medication _____
Symptoms _____
Symptom severity _____
Overall level of functioning _____

(Use the back of this form for additional relevant medications).

**DESCRIBE RESPONSE TO CURRENT MEDICATION AND EFFECTIVENESS AT
CURRENT DOSE**

Name of medication _____
Current dose _____
Symptoms _____
Symptom severity _____
Is the patient experiencing side effects of the current medication?

Overall level of functioning _____

ALTERNATIVE MEDICATION OR TREATMENT

Why is this medication appropriate rather than another atypical antipsychotic, a first generation antipsychotic, or some other type of medication? _____

Is this an off-label prescription? If so, why is this medication appropriate rather than some other medication? _____

OTHER ISSUES

Does the patient take other drugs which would interact adversely with this prescription, including non-psychotropic drugs, e.g. antibiotics, beta-blockers, levodopa, calcium channel blockers? (Please consult the package insert.) _____

Does the patient have a preference for or against this or another drug?

How does the patient's history of medication compliance or noncompliance relate to this medication decision?

Does the patient have any medical conditions or co-morbidities which affect this decision such as allergies to other antipsychotic medications, diabetes, pre-diabetes, obesity, abnormal blood sugar, liver disease, elevated liver function enzymes, pregnancy, breast feeding and personal or family history of obesity, abnormal blood pressure, diabetes, abnormal cholesterol levels and heart disease?

Does the patient have a history of prolonged QT interval? Has the patient had an ECG in the last three months?

Is an appropriate formulation of this drug available that would promote medication compliance?

Is the cost of and access to this medication or an alternate medication a problem for the patient?

Is a nutrition and physical activity counseling program available and does the patient have the ability to attend, understand, and comply?

Is the patient or a family member able to understand, remember and report matters to the physician as instructed in the Consent and Instructions Form?

Describe the justification to continue or change medication:

Describe why the benefits of Zyprexa outweigh its risks for this patient:

Physician printed name

Physician signature