**Proforma for Quetiapine XL requests**

Patient Name:

NHS number: Date of Birth:

Inpatient ward/community team:

Consultant:

# Diagnosis

|  |  |  |
| --- | --- | --- |
|  | Mania associated with bipolar disorder |  |

Schizophrenia

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| --- |
|  |

Depression associated with bipolar disorder

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| --- |
|  |

Depressive disorder requiring adjuvant treatment

Other (please state)

1. **Has the patient experienced side effects or relapse with titration of the standard release quetiapine preparation?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NO |  | Not had standard release |  |

YES

If yes what were these problems?

|  |
| --- |
|  |

1. **Does the patient have pre-existing low blood pressure or postural hypotension?**

|  |  |  |
| --- | --- | --- |
|  | No |  |

YES

1. **Does the patient have a history of non-adherence with medication?**

|  |  |  |
| --- | --- | --- |
|  | NO |  |

YES

# If yes, please describe the extent of non-adherence and things undertaken to try and rectify this

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| --- |
|  |

**5. Who is responsible for administering the medication to the patient?**

|  |
| --- |
|  |

Patient self- administers

|  |
| --- |
|  |

Carer living with the patient administers

|  |
| --- |
|  |

Carer living elsewhere administers

|  |
| --- |
|  |

Community staff administer

# Please provide any relevant additional information below or on supplementary sheets

|  |
| --- |
|  |

# ELECTRONIC SIGNATURE OF CONSULTANT

If this is not available then it is sufficient to email the completed form from the consultants email account.

**DATE-**

**ONCE COMPLETED THE FORM SHOULD BE RETURNED TO:**

**Lisa Ainsworth – Central and West Lancashire Lisa.Ainsworth@lscft.nhs.uk**

**Tara Gallagher – North Lancashire and the Bay**

**Tara.Gallagher@lscft.nhs.uk**

# Catherine Harding – Pennine, Lancashire and Specialist Services

**Catherine.Harding@lscft.nhs.uk**

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|  |

# Your request for Quetiapine XL has been approved

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|  |

# Your request for Quetiapine XL has not been approved for the following reasons

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| --- |
|  |

**Signature: - Date: -**

# Designation: -