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>>> CHANGE TO PATIENT DETAILS FORM

Zaponex Treatment Access System®



This form is used to inform ZTAS of changes to details of patients registered with the ZTAS. For the safety of patients treated with Zaponex® (clozapine) and to ensure an adequate and efficient monitoring service, it is necessary that the ZTAS database be properly maintained. We will use the information provided on this form in accordance with the terms of the ZTAS privacy notice which is available from the ZTAS website www.ztas.co.uk.

Patient Identifiers

Please note: at least 2 identifiers are required for ZTAS to accurately identify the patient.

ZTAS PIN

Date of Birth

Name

NHS number

**If this is a name change or correction, or if this is a DOB correction, please include details in the Comments section*

Changes to Monitoring Situation *(tick all that apply and complete details of the changes)*

Patient has discontinued

Date of discontinuation

Please keep in mind that follow-up blood monitoring is required as part of the discontinuation procedure.

Patient had a Treatment Break

from

until / restart

Restart date MUST be provided in order to register a Treatment Break in ZTAS.

New or changed Consultant and/or Location details *(tick all that apply and complete details of the changes)*

Consultant

Treatment location

Contact person

Postcode

Dispensing pharmacy

Postcode

Blood Sampling Location

Contact person:

Postcode

Comments / other changes

Completed by

(cannot be actioned unless signed)

Name

ZTAS ID

Date

Signature

Phone number

Please fax this form to ZTAS on **0207 3655843**