

Apo-Clozapine Risk Management Program

COORDINATOR REGISTRATION

APO-CLOZAPINE RISK MANAGEMENT PROGRAM

Phone: **1-877-276-2569**
Website: www.apoclozapine.com

Please complete and fax to:

1-866-836-6778

APO-CLOZAPINE ASSIGNED PIN: _____

TREATMENT CENTRE REGISTRATION

Centre Name: _____

Address: _____

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

Hours of Operation: _____

Emergency Contact Information (outside 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 _____ Gender: ____ M ____ F Health Card # _____

2. Initials ____ Date of Birth _____ Gender: ____ M ____ F Health Card # _____

3. Initials ____ Date of Birth _____ Gender: ____ M ____ F Health Card # _____

4. Initials ____ Date of Birth _____ Gender: ____ M ____ F Health Card # _____

5. Initials ____ Date of Birth _____ Gender: ____ M ____ F Health Card # _____

COMMENT SECTION

