

	GOOD STORAGE & DISTRIBUTION PRACTICES OF PHARMACEUTICAL PRODUCTS	CODE : YMCA-F-15-07		
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Form to be filled by psychiatrists in the Primary Health Care Centers when prescribing for specialized psychotropic medication¹

Patient information

Patient name (إسم المريض الثلاثي) _____ Date of birth _____ ☐ Male ☐ Female

Mohafaza and Caza (المحافظة والقضاء) _____ City (البلدة) _____

Street _____ Building _____ Phone _____ / _____

Medical Information

Height _____ cm Weight _____ kg Body Mass Index (BMI) _____ kg/m²

Waist Circumference _____ cm Blood Pressure _____ mmHg

Course of Illness ☐ First episode ☐ Relapse ☐ Chronic

Diagnosis

- ☐ **Schizophrenia** (F20.0 to F29) ☐ **Bipolar** disorders (F30.0 to F31.9)
- ☐ **Depression** disorders (F32.0 to F39) ☐ Anxiety disorders (**GAD, PTSD, OCD...**) (F40.0 to F48.9)
- ☐ Developmental disorders (F70.0 to F79.9) ☐ Behavioural and Emotional disorders (**ADHD...**) (F90.0 to F99)
- ☐ Other Mental Health disorders (F01.0 to F19.9; F50.0 to F69; F80.0 to F89), specify _____

Medications

Mention all current treatments _____

Medication reconciliation done² ☐ Yes ☐ No

Psychotropic medication requested (name and dosage in mg/day) _____

Is this medication prescribed in line with MOPH guidelines? ☐ Yes ☐ No

If not, specify the reason for this exception _____

Physician Information

Physician Name _____ Phone number _____ LOP registration No _____

Date ____/____/____ Signature and Stamp _____

Documents to be submitted

1. Copy of ID (هوية أو إخراج قيد فردي)
2. Detailed psychiatric report (ensure mentioning the management of physical comorbidities such as diabetes and dyslipidemia where present in addition to informing the patient about potential severe side-effects of some psychotropic medications such as clozapine and atomoxetine)
3. Psychiatric prescription with exact dosage and duration
4. For clozapine (i.e. Leponex) prescription, CBC test (once every month)
5. For antipsychotic medications (if BMI>29): Metabolic syndrome once a year: blood glucose, lipid profile
6. Better to perform an EKG once before start of Paliperidone injection (i.e. Invega sustenna),

NB: This form must be completed by the treating physician personally every 6 months, and original reports should be attached.

¹This form is adapted from the Ministry of Public Health Psychotropics form and it is for use in primary healthcare centers (PHCCs) by psychiatrists prescribing specialized medications within the chronic medications program.

²Medication reconciliation is the process of comparing the newly prescribed medications to all of the medications that the patient has been taking; it is done to avoid medication errors such as omissions, duplications, dosing errors, or drug interactions