

## Shared Care Proforma for the Prescribing of Lithium

To be completed by the specialist.

<p><b>PATIENT DETAILS:</b> (please complete or attach sticky label)</p> <p>Name:</p> <p>Date of birth:</p> <p>NHS no:</p> <p>Address:</p>	<p><b>PATIENT'S GP:</b></p> <p><b>CONSULTANT DETAILS:</b></p> <p>Name (PRINT)</p> <p>Signature                      Date</p>
<p><b>DRUG, DOSAGE AND ROUTE</b></p> <p>Name of drug:</p> <p>Brand of drug:</p> <p>Dosage:</p> <p>Route:</p>	<p>Date of initiation by consultant:</p> <p>Date when dosage is stabilised (usually, but not exceptionally, after a period of 3 months):</p>

**The shared care protocol is available on the following websites:**

Doncaster Place: <https://mpd.doncasterccg.nhs.uk/>

Rotherham Place: <https://yourhealthrotherham.co.uk/for-clinicians/>

**Monitoring arrangements for lithium:**

Done via specialist/RDaSH.

**RESPONSIBILITY/ACTION IN CASE OF PROBLEMS**

**To be completed by specialist**

**Doncaster / Rotherham** office hours (delete as appropriate) -

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Doncaster / Rotherham** out of hours (delete as appropriate) -

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Telephone: \_\_\_\_\_

**To be completed by GP and returned to specialist**

I agree to this shared care proposal and am willing to prescribe from: \_\_\_\_\_

(Start date)

GP name (printed): \_\_\_\_\_

GP signature: \_\_\_\_\_

Date \_\_\_\_\_

**Return signed copy to:**

- Doncaster Place: [rdash.dcg-clozapine-lithium-clinic@nhs.net](mailto:rdash.dcg-clozapine-lithium-clinic@nhs.net)
- Rotherham Place: [rdash.rothclozapinelithium@nhs.net](mailto:rdash.rothclozapinelithium@nhs.net)