

**ALAMEDA COUNTY  
BEHAVIORAL HEALTH  
CARE SERVICES  
VITAL SIGNS**

**Patient  
Name:  
DOB:  
PSP#:**

\*Does not include all "prior to initiation" lab requirements, please see this list in the Guidelines for Psychotropic Medication Practices.

<b>DATE</b>					
<b>VITAL SIGNS</b> Height _____					
BP (as indicated)					
Weight (q visit x 9 mo., then q 3 months)					
BMI					
<b>ANTIPSYCHOTICS</b>					
Glucose (initial baseline, 6 mo., then q year)					
Cholesterol (initial baseline, 6 mo., then q year)					
Triglycerides (initial baseline, 6 mo., then q year)					
Prolactin* (initial baseline, 6 mo., then q year)					
EKG** (initial baseline & periodic)					
Clozapine					

\*Risperidone and all conventional agents. \*\*Ziprasidone, thioridazine - only in clients at risk for QTc prolongation. Periodic monitoring would be dependent on changes in electrolyte status.

<b>MOOD STABILIZERS</b>					
Carbamazepine, CBC & LFTs (q 3 mo.)					
Depakote, CBC & LFTs (q 6 mo.)					
Lithium, TFTs, & Renal Function (q 12 mo.)					
Other					
<b>PSYCHOSTIMULANTS</b>					
Height (q 6 mo. In children and adolescents)					
Weight (q 6 mo. In children and adolescents)					
Pulse (q 3 mo. In patients > 12 years old)					
Blood Pressure (q 6 mo. In patients >12 years old)					
<b>Other</b>					

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