



**City and County of San Francisco
Department of Public Health**

COMMUNITY BEHAVIORAL HEALTH SERVICES
Adult/Older Adult

Name: _____

BIS # _____

RU # _____

Antipsychotic Metabolic Monitoring Form

see procedures on back

Height (inches): _____

		Office Measurements					
Measure	Risk Criteria	date __/__/__	date __/__/__	date __/__/__	date __/__/__	date __/__/__	date __/__/__
Waist Circumference	Men >40 inch Women >35 inch						
Blood Pressure	≥130/≥85 mmHg						
Weight	n/a						
BMI*	BMI ≥ 30						
		Lab Results					
Measure	Risk Criteria	date __/__/__	date __/__/__	date __/__/__	date __/__/__	date __/__/__	date __/__/__
Fasting Plasma Glucose**	≥100 mg/dl						
Triglycerides	≥150mg/dl						
HDL Cholesterol	Men <40mg/dl Women <50mg/dl						
LDL Cholesterol	>100 mg/dl						

		Office Measurements					
Measure	Risk Criteria	date __/__/__	date __/__/__	date __/__/__	date __/__/__	date __/__/__	date __/__/__
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Triglycerides	≥150mg/dl						
HDL Cholesterol	Men <40mg/dl Women <50mg/dl						
LDL Cholesterol	>100 mg/dl						

*BMI = (Weight in Pounds x 703) / (Height in Inches)²

**Measurement of fasting glucose is preferred, but Hemoglobin A1c is acceptable if fasting glucose test is not feasible (Risk >6%).

Recommended Schedule for Monitoring Patients on Second-Generation Antipsychotics							
	Baseline	4 wks	8 wks	12 wks	Quarterly	Annually	Every 5 yrs
Personal/Family History	X					X	
Weight (BMI)	X	X	X	X	X		
Waist Circumference	X					X	
Blood Pressure	X			X		X	
Fasting Glucose	X			X		X	
Fasting Lipid	X			X			X

J Clin Psychiatry 65:2, February 2004