

****Patients must bring ALL MEDICATION CONTAINERS to first appointment.****



Anticoagulation Service Referral

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Patient Information and Anticoagulation History

Name: _____
 DOB: _____
 HCN: _____
 Address: _____
 Phone Number: _____
 Family Doctor: _____
 eGFR / Creatinine Clearance: _____
 (IF low) HgB/Hct: _____ (IF low) Platelets: _____
 Medical Conditions: _____

Warfarin Dosing Previously?

Date	Dose	INR

LMWH Administered?

Date	Dose

Save time--may fax full INR record

Physician's Care Plan (write or circle in table)

- 1** Hospital Discharge Directive (30 day authorization)
 Ambulatory Care Directive (unlimited length authorization)

2 Current Indication: _____
 INR Target: _____
 Duration of Therapy: _____

3 For low INR, bridge with LMWH? Yes / No
 If Yes, at INR < _____

***** IF bridging for upcoming procedure:
 Type: _____
 Date: _____
 Time: _____

Additional Notes: _____

Table For Reference As Needed

This table provides options for warfarin therapy based on the suggestions made by the writers of the CHEST guidelines for antithrombotic therapy. CHEST 2012; 141(2 Suppl).

Indication	INR Target	Duration
DVT/PE	2-3	
First event/reversible cause		3 months
First event/idiopathic		6 months
First event with cancer, or hypercoagulable state		12 months - Life
Recurrent DVT/PE		12 months - Life
Atrial Fibrillation		Life
Cardiomyopathy	Life	
Acute Myocardial Infarction	3 months	
Vascular Reconstruction	Life	
Valve Replacement		
MVR - mechanical	2.5-3.5	Life
MVR - bioprosthetic	2-3	3 months
AVR - mechanical	2.0-3.0	Life
AVR - bioprosthetic	2-3	3 months

For some valve replacements bridging for low INRs is favoured due to high risk for clotting on valve. (esp. Mech. Mitral Valve).

Referring Physician Information

Name/License Number: _____
 Fax Number: _____
 Phone Number: _____ Ext: _____
 Signature _____

OR Sticker / Stamp Here

By my signature, I understand that my patient will be dosed on Warfarin and/or LMWH by the clinical pharmacist at Bellwood Pharmacy, according to established policies and procedures. In addition, I grant prescriptive authority for these agents. The clinical pharmacist may schedule appropriate laboratory draws and anticoagulation visits according to the patient's need within the guidelines of Bellwood Pharmacy policies and procedures. Additionally, I delegate to the pharmacist the responsibility of lancing my patient's finger for the purpose of collecting the required aliquot of blood for POC INR testing. The referring physician is still responsible for the patient. The clinical pharmacists are working under the supervision/delegation of the referring physician. By my signature, I also require/authorize that the pharmacist carry out a comprehensive medication review (AKA MedsCheck and Follow-up MedsCheck) and evaluation/management (aka Clinical Consults) with each patient visit in order to optimize patient safety and prevent/avoid drug interactions, as stipulated in Bellwood Pharmacy's Anticoagulation Policies and Procedures.