

ANTICOAGULANT CLINIC REFERRAL FORM

Patients will not be accepted by the clinic unless this form is entirely complete

PATIENT DETAILS (Telephone number essential)

Surname:	
Forenames:	D.O.B.
Address:	
Postcode:	
Telephone:	Telephone: (relative, friend, neighbour)

GENERAL PRACTITIONER DETAILS

Dr.
Full address:
Postcode:
Telephone:

Consultant starting treatment

Discharging ward

CLINICAL SUMMARY

Indication for anticoagulation
Target INR (see reverse)
Duration of therapy (see reverse)
Other medication

ANY HISTORY OF (please tick)

Alcohol excess
Diabetes Mellitus
Cancer
Liver disease
Cardiac failure
Renal impairment

WARFARIN DETAILS - Summary from loading to clinic appointment. Variations of 3 mg. tablets only.

Date	INR	Dose mg./day	Date	INR	Dose mg./day	Date	INR	Dose mg./day

OUT-PATIENT FOLLOW-UP – Telephone call to clinic clerk (3601) is essential in all cases including re-referrals. This form must be received by the clinic before the first appointment. (Use air tube)

- a) Patient to be bled by Community Nurse on: (Date)
- (ward to arrange nurse for first sample)
- b) Patient attending Clinic on: (Date)
- c) Requires thrombophilia screen if:- venous thrombosis <45 years, recurrent venous thrombosis, thrombosis at “unusual” site, two or more family members with venous thrombosis, arterial thrombosis <30 years. Please tick if indicated

Some G.P.s manage their own anticoagulant patients - ward will be advised of this by clinic clerk. For such patients referral should be sent directly to the G.P. practice.

Doctor completing form (CAPITALS) Signature: Bleep No.

COPY FOR CLINIC

TARGET INR GUIDELINES IN VARIOUS CONDITIONS

Target INR	Clinical state
2.5	Pulmonary embolus Proximal deep vein thrombosis Calf vein thrombus Recurrence of venous thromboembolism when no longer on Warfarin therapy Symptomatic inherited thrombophilia Non-rheumatic atrial fibrillation Atrial fibrillation due to - rheumatic heart disease congenital heart disease thyrotoxicosis Cardioversion Mural thrombus Cardiomyopathy
3.5	Recurrence of venous thromboembolism whilst on Warfarin therapy Antiphospholipid syndrome associated thrombosis Mechanical prosthetic heart valve

DURATION OF THERAPY GUIDELINES - INDIVIDUAL PATIENT CIRCUMSTANCES MAY INFLUENCE THIS (e.g. persistent risk factors)

Short term to medium therapy (up to 12 months)	
Prophylaxis of deep vein thrombosis, including high risk surgery	six weeks to three months
Myocardial infarction (mural thrombus)	three months minimum
Established DVT without persistent risk factors	- post-op, calf vein - 6 weeks - non-surgical, calf vein - 3 months - proximal vein - 6 months
Zenograft heart valve replacements	three months minimum
Pulmonary embolus	six months
Coronary artery bypass graft	up to two months
Long term	
Recurrent venous thromboembolism; embolic complications of rheumatic heart disease and atrial fibrillation; cardiac prosthetic valve replacement, arterial grafts and cardiomyopathy. First event of PE or proximal DVT with persistent risk factors, e.g. cancer, thrombophilia.	

Reference

British Committee for Standards in Haematology (1998). Guidelines on Oral Anticoagulation; Third Edition. British Journal of Haematology 101, 374-387.