

# ANTICOAGULATION CLINIC REFERRAL FORM

**NOTE: NO APPOINTMENT will be made in the anticoagulation clinic UNLESS THIS FORM IS COMPLETED IN FULL.**

**Contact the Anticoagulation Clinic**

QEII	Lister
Ext: <b>4032</b>	Ext: <b>5335</b>
Internal Fax: <b>4982</b>	Internal Fax: <b>4147</b>

Referring Consultant.....
Prescribing Doctor.....
Bleep.....
Date of Discharge.....
Date of A/C Clinic appt.....
Phone no of patient.....

Hosp No..... DOB.....
Surname.....
First Name.....
Address.....
.....
GP.....

Indication for Anticoagulation - Please ✓ that which applies			
CONDITION	Target INR	DURATION	✓
Atrial fibrillation / Cardioversion	3.0 (2.5-3.5)	6 weeks pre and 4 weeks post cardioversion	
Atrial fibrillation / Flutter	2.5 (2.0-3.0)	Long term	
PE	2.5 (2.0-3.0)	6 months	
Proximal DVT (includes popiteal)	2.5 (2.0-3.0)	6 months	
Calf DVT	2.5 (2.0-3.0)	3 months	
Recurrent DVT	2.5 (2.0-3.0)	Long Term	
Recurrent PE	2.5 (2.0-3.0)	Long term	
Recurrent VTE despite therapeutic INR	3.5 (3.0-4.0)	Long term	
Cardiomyopathy/Mural Thrombus or akinetic segment	2.5 (2.0-3.0)	Long term	
Pulmonary Hypertension	2.5 (2.0-3.0)	Long Term	
Mechanical AVR (bileaflet or tilting disc)	2.5 (2.0-3.0)	Long term	
Mechanical MVR (bileaflet or tilting disc)	3.0 (2.5-3.5)	Long term	
<b>IF PRESCRIBING A NOAC</b>			
<b>IE:DABIGATRAN/RIVAROXABAN/APIXABAN</b>			
<b>PLEASE RING THE ANTICOAGULANT CLINIC TO REFER</b>			

**PLEASE TURN OVER**

**Clinical Information**

IF REFERRING FOR AF PLEASE STATE CHADS2/CHADS2VASC SCORE.....

IS THIS PATIENT ON: ASPIRIN / CLOPIDOGREL /OTHER ANTIPLATELET DRUG (please specify)?

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IS THIS TO CONTINUE DURING ANTICOAGULATION: YES / NO

ALL CURRENT MEDICATIONS:.....

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**Past Medical History**

History of Peptic Ulceration? YES NO (specify below)

History of liver disease? YES NO (specify below)

History of renal impairment? YES NO (specify below)

Uncontrolled hypertension? YES NO (specify below)

Congestive cardiac failure? YES NO (specify below)

Alcohol excess? YES NO (specify below)

Any other relevant medical / family history?

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**It is the referring teams responsibility to refer ALL PATIENTS with a confirmed Pulmonary Embolism to a chest Physician**

**Patients with METASTATIC MALIGNANCY may require an INDIVIDUAL ANTICOAGULANT PLAN, bleep 4040**