

ANTICOAGULATION CLINIC NEW PATIENT REFERRAL
 Please assume management of anticoagulant therapy for this patient.

REQUIRED INFORMATION FOR ALL NEW REFERRALS

Today's Date	
Your Full Name	
Your Pager Number	

REQUIRED INFORMATION FOR ALL PATIENTS

Indication for anticoagulation:	
Date of Diagnosis of this medical condition:	
Target INR:	
Expected duration of therapy:	
UWMC Referring Provider (PCP or specialty MD)	
Contact information for referring provider:	
PCP:	

ONE OF THE SCENARIOS BELOW MUST BE SELECTED

THIS PATIENT IS TRANSFERRING ANTICOAGULATION MANAGEMENT TO UWMC

Current anticoagulant and dose:	
Date next coag labs are due:	
Previously managed by:	
Contact information for previous management:	

THIS PATIENT IS STARTING ANTICOAGULANT THERAPY AS AN OUTPATIENT/IN CLINIC

Drug and starting dose:	
Date of first dose:	
Concurrent bridge therapy :	
Was patient given prescriptions to fill?:	


THIS PATIENT IS STARTING ANTICOAGULANT THERAPY AS AN INPATIENT OR AT THE TIME OF HOSPITAL DISCHARGE

- | | | | |
|-------------------------------|-----------------------------------|---|-------------------------------------|
| Initial Warfarin Teaching: | <input type="checkbox"/> Done | <input type="checkbox"/> Not Done | <input type="checkbox"/> Not Needed |
| SubQ Injection Teaching: | <input type="checkbox"/> Done | <input type="checkbox"/> Not Done | <input type="checkbox"/> Not Needed |
| Discharge Med List: | <input type="checkbox"/> attached | <input type="checkbox"/> forwarded via ORCA | |
| Inpatient Anticoag Flowsheet: | <input type="checkbox"/> attached | <input type="checkbox"/> forwarded via ORCA | |

UWMC ACC: PLEASE FAX TO 206-598-6217

SCCA ACC: PLEASE FAX TO 206-288-7542

REFERRALS CANNOT BE ACCEPTED WITHOUT COMPLETE INFORMATION

PT.NO NAME DOB <div style="border: 1px dashed black; padding: 10px; text-align: center;"> Place EPIC Label Within Box </div>	<p>UW Medicine Harborview Medical Center – UW Medical Center University of Washington Physicians Seattle, Washington</p> <p align="center">NEW PATIENT REFERRAL – ANTICOAGULATION CLINIC</p> <div style="text-align: center;">  *U2872* </div> <p align="center">UH2872 REV NOV 09</p>
---	--