APPENDIX B - ANTICOAGULATION REFERRAL FORM FOR THE ONGOING MANAGEMENT or INITIATION OF ANTI COAGULANT THEREAPY (May 2022)

Is this new or ongoing treatment?
New Anticoagulation / Initiation Required [Yes/No] Ongoing Anticoagulation Monitoring [Yes/No]

SECTION 1 – PATIENT AND REFERAL INFORMATION

(Affix label if available) Name of patient: _____

D.O.B.: ___/____/____ NHS Number: _____

Address: _____

_____ Telephone No. ( ) _____

Referred by:
State name of referring organisation: _____ Name of referring Practitioner: _____

Designation: _____ Contact details in case of a query: _____

Indication for anticoagulation: _____ Target INR: _____ INR Range: _____

Other medical conditions: _____

Current medication: _____

Other information: _____

SECTION 2 – CURRENT ANTICOAGULATION TREATMENT (For Patients Currently in Receipt of Ongoing Therapy)

Date anticoagulation commenced: ____/____/____ Anticipated duration of anticoagulation: _____

Name of Oral/ Injectable Anticoagulant issued: _____

Additional comments i.e. variation from normal therapy / interruption anticipated: _____
Last three INR results and doses: Date: ___/____/____ INR_____ Dose: _____
Date ___/____/____ INR_____ Dose: _____
Date: ___/____/____ INR_____ Dose: _____

Anti-Coagulation Treatment Booklet (Yellow Book) completed and issued to patient: Yes/No

Anti-Coagulation Written Information (i.e. NCAT Patient Information) issued to patient: Yes/No

Can Anticoagulant be stopped at end of period without a referral back to the referrer: Yes/No

If patient is taking: Aspirin ☐ Clopidogrel ☐ Dipyridamole ☐ can this be stopped when INR in range? Yes/No

SECTION 3 – DETAILS OF ANTICOAGULATION MONITORING / INTIATION SERVICE REFERRED TO

Has the patient previously been in receipt of Community Anticoagulation monitoring: [Yes / No]

Details of anticoagulation monitoring / initiation service selected:

_____

Date of next INR appointment: due: [/ /] **Appointment booked:** [Yes / No]

Referral completed by: [ ]

Date of referral sent: to INR monitoring service: [/ /]

ALL FIELDS MUST BE COMPLETED