HealthCare

- University of Kentucky A.B. Chandler Hospital
- UK HealthCare Good Samaritan Hospital
- UK HealthCare Ambulatory Services
- UK Dental and Oral Health Clinics

UK GILL HEART AND VASCULAR ANTICOAGULATION CLINIC REFERRAL FORM (AEHR)

Phone: 859-323-0295
Referral Fax: 859-323-1256

Patient must have a UK Provider who is willing to sign a Collaborative Practice Agreement with the Anticoagulation Clinic

Patient Name: ________________________ **Date of Birth:** ___________________ **MRN:** _____________

Managing Provider: ____ q **Same as Referring**

Preferred method of contact: q **Phone** q **Pager** q **Email** q **UKMD** q **Fax**

Number / Email: ____

Diagnoses supporting need for anticoagulation (check all that apply):

q **Stroke prevention for atrial fibrillation / flutter**

q **Venous Thromboembolism (DVT / PE)***

Location: ___________________

Date: ___________________

q **Mechanical Valve**

Type: ___________________

Location: ___________________

Date: ___________________

q **Other:** ____

Does patient have any clotting disorders (Lupus, Factor V Leiden, Anti phospholipid Antibody, etc.)?

If yes please specify ____

Please indicate if patient has any significant history of bleeding: (Y / N then text box if yes)

INR Goal Range (Dropdown): q **2 - 3** q **2.5 - 3.5** q **Other** _________________________

Please indicate reasoning for "Other" INR: ______________________________________

Expected length of warfarin therapy (other box): q **3 months** q **6 months** q **1 year** q **Indefinite**

Patient's current warfarin dose ____

Does patient need to be bridged with enoxaparin or other appropriate therapy if therapy is interrupted or INR is significantly below goal range (If yes, at what INR should bridging be initiated?)? q **Yes** q **No**

Provider signature: ____ **Date / Time:** __________________

PLEASE FAX REFERRAL FORM TO 859-323-1256, ATTN: ANTICOAGULATION CLINIC

****PLEASE CALL 859-323-0295 TO SCHEDULE AN APPOINTMENT****

****Please refer to UK Anticoagulation Clinic Policy and Procedures for questions****