Legacy Health Anticoagulation Clinic Referral Form (ver 06/11)

- ❑ **Legacy Good Samaritan Anticoagulation Clinic**
  1130 NW 22nd Ave, Suite 150
  Portland, Oregon 97210
  Phone: (503) 413-8165 Fax: (503) 413-8166
- ❑ **Legacy Emanuel Anticoagulation Clinic**
  501 N Graham Street, Suite 565
  Portland, Oregon 97227
  Phone: (503) 413-2078 Fax: (503) 413-3907
- ❑ **Legacy Mt. Hood Anticoagulation Clinic**
  24900 SE Stark Street, Suite 201
  Gresham, Oregon 97030-3399
  Phone: (503) 674-1229 Fax: (503) 674-1169
- ❑ **Legacy Meridian Park Anticoagulation Clinic**
  6475 SW Borland Road, Suite A
  Tualatin, Oregon 97062
  Phone: (503) 692-7794 Fax: (503) 692-7795
- ❑ **Legacy Salmon Creek Anticoagulation Clinic**
  2211 NE 139th Street, Suite 110
  Vancouver, Washington 98686
  Phone: (360) 487-1768 Fax: (360) 487-1769

PATIENT NAME:_____ **Date of Birth**:_____**Medical Record or SS#**:_____

❑ Patient currently an inpatient, Room:_____ with an expected discharge date of:_____please coordinate follow up appt prior to DC.

❑ Patient currently an outpatient, Phone Number:_____Alternate Contact Information:_____

PROTOCOL or ORDER:

- ❑ Warfarin per protocol
- ❑ Dalteparin or Fondaparinux, then transition patient to warfarin per protocol
- ❑ Bridging therapy with an injectable anticoagulant (e.g. Dalteparin, Fondaparinux, or Heparin) for temporary interruption of warfarin
- ❑ Dalteparin_____ or Unfractionated Heparin_____for pregnancy
  (dose/frequency) (dose/frequency)

INDICATION(S) FOR ANTICOAGULATION:

- ❑ Atrial Fibrillation
  - ❑ To be cardioverted
- ❑ Heart Valve
  - ❑ Aortic (type):_____
  - ❑ Mitral (type):_____
- ❑ Stroke
- ❑ TIA
- ❑ Deep Vein Thrombosis
- ❑ Pulmonary Embolism
- ❑ Other (specify):_____

OTHER MEDICAL PROBLEMS (if not already specified in E-chart or Cerner)_____

GOAL INR RANGE (please check below):

- ❑ INR 2 to 3 (most indications, eg. VTE treatment and prophylaxis, atrial fibrillation, aortic valves without risk)
- ❑ INR 2.5 to 3.5 (eg. mechanical heart valves, aortic with risk factors, all mitral valves)
- ❑ Other_____

DURATION OF ANTICOAGULATION (please check below):

- ❑ 3 months
- ❑ 6 months
- ❑ 12 months
- ❑ Indefinitely
- ❑ Other (please specify):_____

Physician responsible for interim management of anticoagulation therapy until patient established with coag clinic:_____

Interim Management Plan or Current Dose:_____

The anticoagulation clinic will only take over anticoagulation management after the patient has established care in the clinic. The ordering provider must ensure an interim management plan is in place until patient can be seen by the anticoagulation clinic

I authorize the Legacy Anticoagulation Clinics to provide services as defined in the Legacy Anticoagulation Clinic Policies and Procedures, including authorization to order prescriptions for warfarin, enoxaparin, fondaparinux, unfractionated heparin, and Vitamin K, and appropriate labs as necessary and pertaining to the patient's antithrombotic therapy under my name. **I understand that as a condition of referral, I must have access to the Legacy electronic medical record system in order to maintain adequate oversight of my patient's care in the Legacy Anticoagulation Clinics**. This order is in effect for 6 months, unless I specifiy otherwise.

ORDERING HEALTH PROVIDER SIGNATURE:_____ Date:_____

PRINT PROVIDER NAME:_____ PHONE#:_____FAX:_____

PROVIDER WHO WILL FOLLOW PATIENT FOR ANTICOAGULANT THERAPY if different than ordering provider:_____
Note: Health provider responsible for warfarin oversight must have Legacy Medical Staff privileges

Please attach the following records, if not available in the Legacy electronic medical record, with this referral sheet:

- ☑ H&P or recent chart note
- ☑ Problem list
- ☑ Medication list
- ☑ Warfarin dosing history
- ☑ Insurance

The Anticoagulation Clinic will contact patient for appointment date and time upon receipt of this referral.
A Care Plan will be transmitted to the referring physician after the first visit to be reviewed, signed, and sent back to the Anticoagulation Clinic. Patient INRs and anticoagulant dose documentation are accessible in the Legacy electronic medical record, on the coag flowsheet