

Warfarin Care Clinic

Registering Your Patient

Please read these guidelines before completing the registration form overleaf. Completing the registration form does not automatically guarantee acceptance into the Warfarin Care Clinic program.

Please continue to give the patient dosage instructions until you receive confirmation that the registration has been accepted, you should receive a response within 3 business days.

Contact the Warfarin Clinic by phone for any urgent registrations (24 hours is required).

1. CHECK PATIENT'S ELIGIBILITY:

- There are two reliable contact numbers for the patient, carer, and/or relatives
- The patient or their carer/pharmacy is able to follow verbal and/or written instructions
 - Supply details of carer or pharmacy
- There are no known reasons which may prevent the patient from following dosage and testing instructions. For example; compliance, mental health issues, work, travel
- They are not included in any category outlined in the text box to the right
- They understand and agree to the Warfarin Clinic fees as explained in the attached *Informed Financial Consent*.

2. COLLATE PATIENT DETAILS

- Contact details: address and phone contact details
- Full medical history and current medicines
- Recent INR's and Warfarin doses

3. SUBMIT REGISTRATION REQUEST AND SIGNED INFORMED FINANCIAL CONSENT

Send the completed patient registration form via:

- **Editable PDF** - visit website qml.com.au/Warfarin.aspx, complete form and submit.
- **Email** - warfarin@qml.com.au
- **Fax** - (07) 3121 4335

4. ONCE APPROVED YOU WILL RECEIVE A QML PATHOLOGY REFERENCE NUMBER

- Contact the patient to advise them of their first test date
- Supply the patient with a signed INR request form – marked Rule 3 exemption; include on the form:
 - the QML Pathology Reference number
 - and request one-off FBC & E/LFT's if no test with QML in the previous 2 months
- If the registering doctor is NOT the primary care doctor then exclude the words Rule 3 and write the primary care doctor as a copy doctor.
 - Supply the patient with a second request form to take to their primary care doctor to have signed before their second test. Pre-write the second form: write the name of the primary care doctor into the requesting doctor section, in tests requested write "INR", "Rule 3 exemption", and the "QML Pathology Reference number".

The QML Pathology Warfarin Care Clinic regrets that it cannot be responsible for the INR control and warfarin dosing of the following patients:

- 'Acute' care cases or those that develop complex clinical conditions:
 - All inpatients (as per the current practice)
 - Patients requiring daily INR for >2 days will be deemed acute care
 - Patients on high dose cytotoxic chemotherapy
- Patients who will only be under QML Pathology control for a period of one month or less
- Patients or care givers who are unable to comply, or follow SMS, written, or verbal instructions in English
- Patients who experience ongoing difficulties attending on scheduled test dates, e.g., residents of remote areas or those whose employment/lifestyle requires frequent travel
- Patients or care givers who are abusive to QML Pathology staff
- Previously discharged non-compliant patients
- Patients who are taking LMWH or who have recently ceased LMWH, but INR results are not in therapeutic range.

Compliance

Once registered, patients must be compliant with the instructions of the Warfarin Care Clinic. The patient, on their part will also be expected to keep QML Pathology informed of any changes - especially contact details. Habitually non-compliant patients (those who fail to test when requested or who self dose), and patients who abuse QML Pathology staff will be discharged from the Clinic after their clinician has been informed.

Warfarin Care Clinic

Registration Number

(Internal use)

Registration Request for Patient Warfarin Management

Please make sure you have read and understood steps 1 - 4 overleaf.

Continue to supply the patient with dose instructions until you have received confirmation that the registration has been accepted (1-3 business days). Once confirmed you will receive a registration number – write this on the first request form for QML Pathology to control INR plus one-off FBC & E/LFTs.

DOCTOR INFORMATION

I, as the referring doctor, agree that the information provided is accurate and correct and that my patient fulfils the eligibility criteria for the QML Pathology Warfarin Care Clinic

I, as the primary doctor understand the Roles and Responsibilities.

I have informed the patient of the Warfarin Clinic fees and attached the patient signed *Informed Financial Consent*

REGISTERING DOCTOR Specialist OR Primary Care Doctor

Name: _____

Provider No.: _____

Surgery Address: _____

Phone: _____ Fax: _____

Email: _____

PRIMARY DOCTOR (if not registering doctor)

Name: _____

Surgery Address: _____

Phone: _____

Name and position of person completing form: _____

PATIENT INFORMATION

Financial Consent is signed and attached

Patient Surname: _____ Given Name: _____

D.O.B.: ____/____/____ Sex: M F Weight: _____ Height: _____ Medicare Number: _____

Address: _____ Suburb: _____ Postcode: _____

Is address: Temp Perm NEW Contact Ph No. 1: _____ Contact Ph No. 2: (family, friend, or other) _____

Name of Pharmacy or Nursing Facility: _____ Phone: _____ Fax: _____

Home Visits: Y N Temporary? Permanent? (Ongoing home visits are a service for those who are housebound)

PRINCIPAL ANTICOAGULATION DIAGNOSIS

Atrial Fibrillation Flutter Stroke (CVA) TIA Arterial Embolism

Date of Condition: _____

DVT Where? _____ Known reason? _____

INR Target Range: _____

Pulmonary Embolism (PE) Minor Major Bilateral Known reason? _____

Warfarin Duration: _____

Heart Valves Which one? _____ Mechanical Graft Repair

Date Began Warfarin: _____

Other _____

OTHER HX

Recent surgery Reason: _____

Date of discharge: _____

Attach recent hospital discharge summary

Attach full health summary

List ALL other medicines or supply with Health and/or Hospital Discharge Summary:

CURRENT MEDICINES

Brand Warfarin: Marevan Coumadin

Other Anticoagulant: _____

Aspirin Plavix

Recent Warfarin Doses over 5 - 7 days and recent INR's (2 if possible):

Date	Dose	INR