

# Warfarin Care Clinic

## Enrolling 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.

### 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

Send the completed patient registration form via:

- **Editable PDF** - visit website [qml.com.au/Warfarin.aspx](http://qml.com.au/Warfarin.aspx), complete form and submit.
- **Email** - [warfarin@qml.com.au](mailto:warfarin@qml.com.au)
- **Fax** - (07) 3121 4335
- **Online** - Complete the online web form at [qml.com.au/Warfarin.aspx](http://qml.com.au/Warfarin.aspx)
- Alternatively contact the Warfarin Care Clinic by phone on 1300 795 355.

### 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 enrolled, 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.

### 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.

**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

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

### OUTCOME OF REGISTRATION SUBMISSION

The registration **HAS BEEN ACCEPTED**. See instructions:

- Contact the patient and ask them to test on the morning of \_\_\_\_\_  
Note: if this date is unsuitable contact the Warfarin Clinic to arrange a new date
- Supply the patient with a request form noted with:
  - INR, Rule 3 exemption
  - The Reference number \_\_\_\_\_
  - A one-off FBC & E/LFTs if no results in the past 2 months with QML Pathology

We are **UNABLE TO ACCEPT** the registration at this time for the following reasons:

- Insufficient information supplied - please complete all details above
- The patient is not eligible for outpatient care in the Warfarin Clinic

Contact the Warfarin Clinic on **1300 795 355** if you have any further queries. WCC staff signature: \_\_\_\_\_ Dated: \_\_\_\_\_