

Legacy Health Anticoagulation Clinic Referral Form (ver 3/14)

	Anticoagulation Clinic Referral Form (ver 3/14)			Legacy Meridian Park A 6475 SW Borland Road, Tualatin, Oregon 97062	Suite F	
H	ALTH		П	Phone: (503) 692-7794 Fax: (503) 692-7795 Legacy Mt. Hood Anticoagulation Clinic		
Ц	Legacy Emanuel Anticoagulation Clinic 501 N Graham Street, Suite 550		_	24900 SE Stark Street, S Gresham, Oregon 9703	Suite 201	
	Portland, Oregon 97227 Phone: (503) 413-2078 Fax: (503) 413-3907 Legacy Good Samaritan Anticoagulation Clir 2222 NW Lovejoy Street, Suite 412		٥	Phone: (503) 674-1229 Legacy Salmon Creek 2121 NE 139 th Street, St	Fax: (503) 674-1169 Anticoagulation Clinic uite 110	
	Portland, Oregon 97210 Phone: (503) 413-8165 Fax: (503) 413-8166	;		Vancouver, Washington Phone: (360) 487-1768		
PA	ATIENT NAME: Date of		te of Birth:	Medical Reco	rd or SS#:	
	atient currently an inpatient, Room: with an expected discharge date o		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 Enoxaparin or Fondaparinux, then transition patient to warfarin per protocol Bridging therapy with an injectable anticoagulant (e.g. Enoxaparin, Fondaparinux, or Heparin) for temporary interruption of warfarin Enoxaparin or Unfractionated Heparinfor pregnancy (dose/frequency)						
INI	DICATION(S) FOR ANTICOAGULATION: Atrial Fibrillation	□ s	troko		Other	
	☐ To be cardioverted	☐ TI	troke IA		(specify):	
	☐ Heart Valve ☐ Aortic (type):		eep Vein Thrombosis			
	Mitral (type):	_	ulmonary Embolism			
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			Indefinitely		
	☐ 6 months ☐ 12 months			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 health 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:						
PR	RINT PROVIDER NAME:		PH0	ONE#:	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						
PΙε	Please attach the following records, if not available in the Legacy electronic medical record, with this referral sheet: V					

The Anticoagulation Clinic will contact patient for appointment date and time upon receipt of this referral.

✓ Problem list

A Care Plan will be transmitted to the referring physician after the first visit to be <u>reviewed</u>, <u>signed</u>, and <u>sent back to the Anticoagulation Clinic</u>. Patient INRs and anticoagulant dose documentation are accessible in the Legacy electronic medical record, on the coag flowsheet

☑ Warfarin dosing history