

OUTPATIENT ANTICOAGULATION CLINIC STANDARD REFERRAL

| | | | |
|--|--|---|---|
| Patient Name: _____ | | DOB: ____/____/____ | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street City State Zip </div> | | | |
| Home Phone: _____ | | Work Phone: _____ | Other: _____ |
| Referring Practitioner: _____ | | Anticoagulation Initiation History: <input type="checkbox"/> New Onset (date): ____/____/____ <input type="checkbox"/> Established Patient | |
| Practitioner Phone: _____ | | Practitioner Fax: _____ | |
| Medication Prescribed: <input type="checkbox"/> Warfarin <input type="checkbox"/> LMWH <input type="checkbox"/> Fondaparinux <input type="checkbox"/> Other: _____ | | | |
| Atrial Fibrillation: <input type="checkbox"/> Permanent <input type="checkbox"/> Paroxysmal <input type="checkbox"/> Persistent <input type="checkbox"/> Unspecified | | Prosthetic Valve: <input type="checkbox"/> Mitral <input type="checkbox"/> Aortic <input type="checkbox"/> Pulmonic <input type="checkbox"/> Mechanical <input type="checkbox"/> Bioprosthetic | |
| <input type="checkbox"/> Acute Myocardial Infarction | | DVT: <input type="checkbox"/> 1st Time <input type="checkbox"/> Recurrent Location (circle): Right / Left LE / UE | |
| <input type="checkbox"/> DVT Prophylaxis | | Pulmonary Embolism: <input type="checkbox"/> 1st Time <input type="checkbox"/> Recurrent | |
| <input type="checkbox"/> Graft Patency | | Cerebrovascular Disease: <input type="checkbox"/> TIA <input type="checkbox"/> Stroke | |
| Coagulation disorder (PLEASE SPECIFY, i.e. APLAS, FVL, PGM, ATIII): _____ | | | <input type="checkbox"/> Other: _____ |
| Disease Being Managed is: <input type="checkbox"/> Primary <input type="checkbox"/> Comorbid <small>*This is required to be designated per Ohio Revised Code</small> | | | |
| <input type="checkbox"/> INR Target: <input type="checkbox"/> 2-3 <input type="checkbox"/> 2.5-3.5 <input type="checkbox"/> Other: _____ | | Length of Therapy: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> Indefinite <input type="checkbox"/> Other | |
| Allergies: _____ | | | |
| Pharmacy Name: _____ | | Pharmacy Phone: _____ | |
| <u>Medical/Surgical History: **PLEASE ATTACH**</u> <input type="checkbox"/> Prior DVT/PE <input type="checkbox"/> Prior warfarin therapy <input type="checkbox"/> Hypercoagulable state <input type="checkbox"/> MI, CVA, TIA <input type="checkbox"/> Major hemorrhage <input type="checkbox"/> Other: _____ | | <u>Labs ordered per Consult Agreement:</u> The following labs will be ordered at a frequency deemed appropriate by the pharmacist in accordance with dosing guidelines in policy RX-910.031: PT/INR: -Every 3 to 5 days for values outside target range -Weekly until INR has been in range twice on the same regimen, then extend intervals by one week at a time up to 4 weeks -Up to 12 weeks for stable and compliant patients SCr: -Upon initiation of renally adjusted medications in which there is no documented lab value within last 3 months CBC: -Annually to assess fingerstick appropriateness | |
| <u>Social History:</u> <input type="checkbox"/> Noncompliance with medications <input type="checkbox"/> Noncompliance with lab monitoring <input type="checkbox"/> Alcohol use <input type="checkbox"/> Tobacco use <input type="checkbox"/> Illicit drug use <input type="checkbox"/> Transportation issues <input type="checkbox"/> Other: _____ | | | |
| I communicated to the patient that I am referring them to a pharmacist for medication management. The patient understands that they may withdraw from this service at any time. I agree to the terms of the OhioHealth Consult Agreement and refer my patient to any of the following Outpatient Anticoagulation Clinics (select specific site if known): <div style="display: flex; flex-wrap: wrap; font-size: small;"> <div style="width: 33%;"> <input type="checkbox"/> Berger Hospital <input type="checkbox"/> Bucyrus Anticoagulation Clinic <input type="checkbox"/> Doctors Hospital <input type="checkbox"/> Dublin Methodist Hospital <input type="checkbox"/> Grady Memorial Hospital </div> <div style="width: 33%;"> <input type="checkbox"/> Grant Medical Center <input type="checkbox"/> Hardin Memorial Hospital <input type="checkbox"/> Mansfield – Balgreen Medical Office Building <input type="checkbox"/> Marion General Hospital <input type="checkbox"/> Nelsonville Health Center </div> <div style="width: 33%;"> <input type="checkbox"/> O’Bleness Hospital <input type="checkbox"/> Pickerington Medical Campus <input type="checkbox"/> Riverside Methodist Hospital <input type="checkbox"/> Westerville Medical Campus </div> </div> | | | |
| Practitioner Signature: _____ Date: ____/____/____ Time: _____ | | | |
| Practitioner name (printed) _____ | | | |



ANTICOAG

**OUTPATIENT
ANTICOAGULATION CLINIC
STANDARD REFERRAL**

PATIENT IDENTIFICATION LABEL

Pharmacy Services: OUTPATIENT ANTICOAGULATION CLINICS

| <p>Berger Anticoagulation Clinic 600 N Pickaway St., Room B0090 Circleville, OH 43113 Ph: 740-420-8659, Fax: 740-571-9402</p> <table><tr><th colspan="2">Hours of Operation</th></tr><tr><td>M: Closed</td><td>T: 8AM-4:30PM</td></tr><tr><td>W: 8AM-4:30PM</td><td>Th: Closed</td></tr><tr><td>F: 8AM-4:30PM</td><td></td></tr></table> | Hours of Operation | | M: Closed | T: 8AM-4:30PM | W: 8AM-4:30PM | Th: Closed | F: 8AM-4:30PM | | <p>Bucyrus Anticoagulation Clinic 725 N. Sandusky Avenue #2 Bucyrus, OH 44820 Ph: 567-241-7337, Fax: 419-617-7749</p> <table><tr><th colspan="2">Hours of Operation</th></tr><tr><td>M: 8AM – 4:30PM</td><td>T: Closed</td></tr><tr><td>W: 8AM – 4:30PM</td><td>Th: Closed</td></tr><tr><td>F: 8AM – 4:30PM</td><td></td></tr></table> | Hours of Operation | | M: 8AM – 4:30PM | T: Closed | W: 8AM – 4:30PM | Th: Closed | F: 8AM – 4:30PM | | <p>Doctors Hospital 5131 Beacon Hill, Suite 110B Columbus, OH 43228 Ph: 614-544-2939, Fax: 614-544-2938</p> <table><tr><th colspan="2">Hours of Operation</th></tr><tr><td>M: 8AM – 4:30PM</td><td>T: 8AM – 4:30PM</td></tr><tr><td>W: 9AM – 5:30PM</td><td>Th: 8AM – 4:30PM</td></tr><tr><td>F: 7AM – 3:30PM</td><td></td></tr></table> | Hours of Operation | | M: 8AM – 4:30PM | T: 8AM – 4:30PM | W: 9AM – 5:30PM | Th: 8AM – 4:30PM | F: 7AM – 3:30PM | |
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| <p>Dublin Methodist Hospital 7500 Hospital Drive Dublin, OH 43016 Ph: 614-544-8995, Fax: 614-533-0125</p> <table><tr><th colspan="2">Hours of Operation</th></tr><tr><td>M: 8AM – 4:30PM</td><td>T: 7AM-3:30PM</td></tr><tr><td>W: 8AM – 4:30PM</td><td>Th: 8AM – 4:30PM</td></tr><tr><td>F: 7AM – 3:30PM</td><td></td></tr></table> | Hours of Operation | | M: 8AM – 4:30PM | T: 7AM-3:30PM | W: 8AM – 4:30PM | Th: 8AM – 4:30PM | F: 7AM – 3:30PM | | <p>Grady Memorial Hospital 561 West Central Avenue Delaware, OH 43015 Ph: 740-615-1260, Fax: 740-615-1261</p> <table><tr><th colspan="2">Hours of Operation</th></tr><tr><td>M: 7AM – 3:30PM</td><td>T: 8:30AM – 5PM</td></tr><tr><td>W: 7AM – 3:30PM</td><td>Th: 8:30AM – 5PM</td></tr><tr><td>F: 7AM – 3:30PM</td><td></td></tr></table> | Hours of Operation | | M: 7AM – 3:30PM | T: 8:30AM – 5PM | W: 7AM – 3:30PM | Th: 8:30AM – 5PM | F: 7AM – 3:30PM | | <p>Grant Medical Center 285 E. State Street, Suite 210 Columbus, OH 43215 Scheduling Ph: 614-566-9173 Clinician Ph: 614-566-9773, Fax: 614-533-0189</p> <table><tr><th colspan="2">Hours of Operation</th></tr><tr><td>M: 7:30AM – 4PM</td><td>T: 7:30AM – 4PM</td></tr><tr><td>W: 7:30AM – 4PM</td><td>Th: 7:30AM – 4PM</td></tr><tr><td>F: Closed</td><td></td></tr></table> | Hours of Operation | | M: 7:30AM – 4PM | T: 7:30AM – 4PM | W: 7:30AM – 4PM | Th: 7:30AM – 4PM | F: Closed | |
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| <p>Hardin Memorial Hospital 921 East Franklin Street Kenton, OH 43326 Ph: 419-675-8136; Fax: 419-675-8110</p> <table><tr><th colspan="2">Hours of Operation</th></tr><tr><td>M: 7AM – 3:30PM</td><td>T: 7AM – 5PM</td></tr><tr><td>W: Closed</td><td>Th: 7AM – 3:30PM</td></tr><tr><td>F: 7AM – 3:30PM</td><td></td></tr></table> | Hours of Operation | | M: 7AM – 3:30PM | T: 7AM – 5PM | W: Closed | Th: 7AM – 3:30PM | F: 7AM – 3:30PM | | <p>Mansfield – Balgreen Medical Office Building 770 Balgreen Drive, Suite 104 Mansfield, OH 44906 Ph: 419-526-8972, Fax: 419-526-8974</p> <table><tr><th colspan="2">Hours of Operation</th></tr><tr><td>M: 7AM – 5PM</td><td>T: 7AM – 5PM</td></tr><tr><td>W: 7AM – 5PM</td><td>Th: 7AM – 5PM</td></tr><tr><td>F: 7AM – 5PM</td><td></td></tr></table> | Hours of Operation | | M: 7AM – 5PM | T: 7AM – 5PM | W: 7AM – 5PM | Th: 7AM – 5PM | F: 7AM – 5PM | | <p>Marion General Hospital 165 West Center Street Marion, OH 43302 Ph: 740-375-6424, Fax: 740-692-4403</p> <table><tr><th colspan="2">Hours of Operation</th></tr><tr><td>M: 8AM – 5PM</td><td>T: 8AM – 5PM</td></tr><tr><td>W: 8AM – 5PM</td><td>Th: 8AM – 5PM</td></tr><tr><td>F: 8AM – 4PM</td><td></td></tr></table> | Hours of Operation | | M: 8AM – 5PM | T: 8AM – 5PM | W: 8AM – 5PM | Th: 8AM – 5PM | F: 8AM – 4PM | |
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| <p>Nelsonville Health Center 11 John Lloyd Evans Memorial Drive Nelsonville, OH 45764 Ph: 740-753-5657; Fax: 740-753-1511</p> <table><tr><th colspan="2">Hours of Operation</th></tr><tr><td>M: Closed</td><td>T: 8AM – 4:30PM</td></tr><tr><td>W: Closed</td><td>Th: 8AM – 4:30PM</td></tr><tr><td>F: Closed</td><td></td></tr></table> | Hours of Operation | | M: Closed | T: 8AM – 4:30PM | W: Closed | Th: 8AM – 4:30PM | F: Closed | | <p>O’Bleness Hospital 55 Hospital Drive Athens, OH 45701 Ph: 740-566-4955; Fax: 740-566-4927</p> <table><tr><th colspan="2">Hours of Operation</th></tr><tr><td>M: 8AM – 4:30PM</td><td>T: Closed</td></tr><tr><td>W: 7AM – 3:30PM</td><td>Th: Closed</td></tr><tr><td>F: 8AM – 4:30PM</td><td></td></tr></table> | Hours of Operation | | M: 8AM – 4:30PM | T: Closed | W: 7AM – 3:30PM | Th: Closed | F: 8AM – 4:30PM | | <p>Pickerington Methodist Hospital 1010 Refugee Road, Room 210-003, Pickerington, OH 43147 Ph: 614-788-4185, Fax: 614-533-0524</p> <table><tr><th colspan="2">Hours of Operation</th></tr><tr><td>M: 8AM – 4:30PM</td><td>T: 8AM-4:30PM</td></tr><tr><td>W: 8AM – 4:30PM</td><td>Th: Closed</td></tr><tr><td>F: 7AM – 3:30PM</td><td></td></tr></table> | Hours of Operation | | M: 8AM – 4:30PM | T: 8AM-4:30PM | W: 8AM – 4:30PM | Th: Closed | F: 7AM – 3:30PM | |
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| <p>Riverside Methodist Hospital 3535 Olentangy River Rd, Suite Y1322 Columbus, OH 43214 Ph: 614-566-4758, Fax: 614-533-0520</p> <table><tr><th colspan="2">Hours of Operation</th></tr><tr><td>M: 8AM – 4:30PM</td><td>T: 8AM – 4:30PM</td></tr><tr><td>W: 9AM – 5:30PM</td><td>Th: 8AM – 4:30PM</td></tr><tr><td>F: 7AM – 3:30PM</td><td></td></tr></table> | Hours of Operation | | M: 8AM – 4:30PM | T: 8AM – 4:30PM | W: 9AM – 5:30PM | Th: 8AM – 4:30PM | F: 7AM – 3:30PM | | <p>Van Wert Hospital 1250 S Washington St, Van Wert, OH 45891 Ph: 419-238-8866, Fax: 419-238-8814</p> <table><tr><th colspan="2">Hours of Operation</th></tr><tr><td>M: Closed</td><td>T: 8AM – 12PM</td></tr><tr><td>W: Closed</td><td>Th: 12PM – 4PM</td></tr><tr><td>F: Closed</td><td></td></tr></table> | Hours of Operation | | M: Closed | T: 8AM – 12PM | W: Closed | Th: 12PM – 4PM | F: Closed | | <p>Westerville Medical Campus 260 Polaris Pkwy, Suite 1810 Westerville, OH 43082 Ph: 614-533-3154, Fax: 614-533-0520</p> <table><tr><th colspan="2">Hours of Operation</th></tr><tr><td>M: 7AM – 4:30PM</td><td>T: 8AM – 4:30PM</td></tr><tr><td>W: 8AM – 5:00PM</td><td>Th: 8AM – 4:30PM</td></tr><tr><td>F: 7AM – 3:30PM</td><td></td></tr></table> | Hours of Operation | | M: 7AM – 4:30PM | T: 8AM – 4:30PM | W: 8AM – 5:00PM | Th: 8AM – 4:30PM | F: 7AM – 3:30PM | |
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