

**ANTICOAGULATION CLINIC NEW PATIENT REFERRAL TREATMENT PLAN**  
 Please assume management of anticoagulant therapy for this patient.

**REQUIRED INFORMATION FOR ALL NEW REFERRALS**

Today's Date	
Your Full Name	
Your Pager Number	

**REQUIRED INFORMATION FOR ALL PATIENTS**

Indication for anticoagulation:	
Date of Diagnosis of this medical condition:	
Target INR:	
Expected duration of therapy:	
UWMC Referring Provider (PCP or specialty MD)	
Contact information for referring provider:	
PCP:	

**ONE OF THE SCENARIOS BELOW MUST BE SELECTED**

**THIS PATIENT IS TRANSFERRING ANTICOAGULATION MANAGEMENT TO UWMC**

Current anticoagulant and dose:	
Date next coag labs are due:	
Previously managed by:	
Contact information for previous management:	

**THIS PATIENT IS STARTING ANTICOAGULANT THERAPY AS AN OUTPATIENT/IN CLINIC**

Drug and starting dose:	
Date of first dose:	
Concurrent bridge therapy :	
Was patient given prescriptions to fill?:	

**THIS PATIENT IS STARTING ANTICOAGULANT THERAPY AS AN INPATIENT OR AT THE TIME OF HOSPITAL DISCHARGE**

- |                               |                                   |   |                                     |
|-------------------------------|-----------------------------------|---|-------------------------------------|
| Initial Warfarin Teaching:    | <input type="checkbox"/> Done     | <input type="checkbox"/> Not Done           | <input type="checkbox"/> Not Needed |
| SubQ Injection Teaching:      | <input type="checkbox"/> Done     | <input type="checkbox"/> Not Done           | <input type="checkbox"/> Not Needed |
| Discharge Med List:           | <input type="checkbox"/> attached | <input type="checkbox"/> forwarded via ORCA |                                     |
| Inpatient Anticoag Flowsheet: | <input type="checkbox"/> attached | <input type="checkbox"/> forwarded via ORCA |                                     |

**UWMC ACC: PLEASE FAX TO 206-598-6217**

**SCCA ACC: PLEASE FAX TO 206-288-7542**

**REFERRALS CANNOT BE ACCEPTED WITHOUT COMPLETE INFORMATION**

PT.NO

NAME

DOB

Place EPIC Label Within Box

**UW Medicine**  
 Harborview Medical Center – UW Medical Center  
 University of Washington Physicians  
 Seattle, Washington

**NEW PATIENT REFERRAL TREATMENT PLAN  
 ANTICOAGULATION CLINIC**

