

## OUTPATIENT ANTICOAGULATION CLINIC STANDARD REFERRAL

<b>Patient Name:</b> _____		<b>DOB:</b> ___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Home Address:</b> _____ Street City State Zip			
<b>Home Phone:</b> _____		<b>Work Phone:</b> _____	<b>Other:</b> _____
<b>Referring Practitioner:</b> _____		<b>Anticoagulation Initiation History:</b> <input type="checkbox"/> New Onset (date): ___/___/___ <input type="checkbox"/> Established Patient	
<b>Practitioner Phone:</b> _____		<b>Practitioner Fax:</b> _____	
<b>Medication Prescribed:</b> <input type="checkbox"/> Warfarin <input type="checkbox"/> LMWH <input type="checkbox"/> Fondaparinux <input type="checkbox"/> Other:			
<b>Atrial Fibrillation:</b> <input type="checkbox"/> Permanent <input type="checkbox"/> Paroxysmal <input type="checkbox"/> Persistent <input type="checkbox"/> Unspecified		<input type="checkbox"/> <b>Dilated Cardiomyopathy</b>	
<input type="checkbox"/> <b>Acute Myocardial Infarction</b>		<b>DVT:</b> <input type="checkbox"/> 1st Time <input type="checkbox"/> Recurrent <b>Location (circle):</b> Right / Left LE / UE	
<input type="checkbox"/> <b>DVT Prophylaxis</b>		<input type="checkbox"/> <b>Graft Patency</b>	
<b>Coagulation disorder (PLEASE SPECIFY, i.e. APLAS, FVL, PGM, ATIII):</b> _____		<input type="checkbox"/> <b>Other:</b> _____	
<b>Disease Being Managed is:</b> <input type="checkbox"/> Primary <input type="checkbox"/> Comorbid <i>*This is required to be designated per Ohio Revised Code</i>			
<input type="checkbox"/> <b>INR Target:</b> <input type="checkbox"/> 2-3 <input type="checkbox"/> 2.5-3.5 <input type="checkbox"/> Other:		<b>Length of Therapy:</b> <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> Indefinite <input type="checkbox"/> Other	
<b>Allergies:</b> _____			
<b>Pharmacy Name:</b> _____		<b>Pharmacy Phone:</b> _____	
<b>Medical/Surgical History: **PLEASE ATTACH**</b> <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:		<b>Labs ordered per Consult Agreement:</b> The following labs will be ordered at a frequency deemed appropriate by the pharmacist in accordance with dosing guidelines in policy RX-910.031: <b>PT/INR:</b> -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 <b>SCr:</b> -Upon initiation of renally adjusted medications in which there is no documented lab value within last 3 months <b>CBC:</b> -Annually to assess fingerstick appropriateness	
<b>Social History:</b> <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):			
<input type="checkbox"/> Berger Hospital		<input type="checkbox"/> Grant Medical Center	
<input type="checkbox"/> Bucyrus Anticoagulation Clinic		<input type="checkbox"/> Hardin Memorial Hospital	
<input type="checkbox"/> Doctors Hospital		<input type="checkbox"/> Mansfield – Balgreen Medical Office Building	
<input type="checkbox"/> Dublin Methodist Hospital		<input type="checkbox"/> Marion General Hospital	
<input type="checkbox"/> Grady Memorial Hospital		<input type="checkbox"/> Nelsonville Health Center	
<input type="checkbox"/> O’Bleness Hospital		<input type="checkbox"/> Pickerington Medical Campus	
<input type="checkbox"/> Riverside Methodist Hospital		<input type="checkbox"/> Westerville Medical Campus	
<b>Practitioner Signature:</b> _____ <b>Date:</b> ___/___/___ <b>Time:</b> _____			
<b>Practitioner name (printed)</b> _____			



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**OUTPATIENT  
ANTICOAGULATION CLINIC  
STANDARD REFERRAL**

PATIENT IDENTIFICATION LABEL

**Pharmacy Services: OUTPATIENT ANTICOAGULATION CLINICS**

**Berger Anticoagulation Clinic**  
600 N Pickaway St., Room B0090 Circleville, OH 43113  
Ph: 740-420-8659, Fax: 740-571-9402

Hours of Operation	
M: Closed	T: 8AM-4:30PM
W: Closed	Th: Closed
F: 8AM-4:30PM	

**Bucyrus Anticoagulation Clinic**  
725 N. Sandusky Avenue #2 Bucyrus, OH 44820  
Ph: 567-241-7337, Fax: 419-617-7749

Hours of Operation	
M: 8AM – 4:30PM	T: Closed
W: 8AM – 4:30PM	Th: Closed
F: 8AM – 4:30PM	

**Doctors Hospital**  
5141 W. Broad Street, Suite 180 Columbus, OH 43228  
Ph: 614-544-2939, Fax: 614-544-2938

Hours of Operation	
M: 8AM – 4:30PM	T: 8AM – 4:30PM
W: 9AM – 5:30PM	Th: 8AM – 4:30PM
F: 7AM – 3:30PM	

**Dublin Methodist Hospital**  
7500 Hospital Drive Dublin, OH 43016  
Ph: 614-544-8995, Fax: 614-533-0125

Hours of Operation	
M: 8AM – 4:30PM	T: 7AM-3:30PM
W: 8AM – 4:30PM	Th: 8AM – 4:30PM
F: 7AM – 3:30PM	

**Grady Memorial Hospital**  
561 West Central Avenue Delaware, OH 43015  
Ph: 740-615-1260, Fax: 740-615-1261

Hours of Operation	
M: 7AM – 3:30PM	T: 8:30AM – 5PM
W: 7AM – 3:30PM	Th: 8:30AM – 5PM
F: 7AM – 3:30PM	

**Grant Medical Center**  
340 E. Town Street, Suite 8-250 Columbus, OH 43215  
Scheduling Ph: 614-566-9173  
Clinician Ph: 614-566-9773, Fax: 614-533-0189

Hours of Operation	
M: 7:30AM – 4PM	T: 7:30AM – 4PM
W: 7:30AM – 4PM	Th: 7:30AM – 4PM
F: 7:30AM – 4PM	

**Hardin Memorial Hospital**  
921 East Franklin Street Kenton, OH 43326  
Ph: 419-675-8136; Fax: 419-675-8110

Hours of Operation	
M: 7AM – 3:30PM	T: 7AM – 5PM
W: Closed	Th: 7AM – 3:30PM
F: 7AM – 3:30PM	

**Mansfield – Balgreen Medical Office Building**  
770 Balgreen Drive, Suite 104 Mansfield, OH 44906  
Ph: 419-526-8972, Fax: 419-526-8974

Hours of Operation	
M: 7AM – 5PM	T: 7AM – 5PM
W: 7AM – 5PM	Th: 7AM – 5PM
F: 7AM – 5PM	

**Marion General Hospital**  
165 West Center Street Marion, OH 43302  
Ph: 740-375-6424, Fax: 740-692-4403

Hours of Operation	
M: 8AM – 5PM	T: 8AM – 5PM
W: 8AM – 5PM	Th: 8AM – 5PM
F: 8AM – 4PM	

**Nelsonville Health Center**  
11 John Lloyd Evans Memorial Drive Nelsonville, OH 45764  
Ph: 740-753-5657; Fax: 740-753-1511

Hours of Operation	
M: Closed	T: 8AM – 4:30PM
W: Closed	Th: 8AM – 4:30PM
F: Closed	

**O’Bleness Hospital**  
55 Hospital Drive Athens, OH 45701  
Ph: 740-566-4955; Fax: 740-566-4927

Hours of Operation	
M: 9AM – 5:30PM	T: Closed
W: 7AM – 3:30PM	Th: Closed
F: 8AM – 4:30PM	

**Pickerington Medical Campus**  
1010 Refugee Road, Room 210-003, Pickerington, OH 43147  
Ph: 614-788-4185, Fax: 614-533-0524

Hours of Operation	
M: 8AM – 4:30PM	T: 8AM-4:30PM
W: 8AM – 4:30PM	Th: Closed
F: 7AM – 3:30PM	

**Riverside Methodist Hospital**  
3535 Olentangy River Rd, Suite Y1322 Columbus, OH 43214  
Ph: 614-566-4758, Fax: 614-533-0520

Hours of Operation	
M: 8AM – 4:30PM	T: 8AM – 4:30PM
W: 9AM – 5:30PM	Th: 8AM – 4:30PM
F: 7AM – 3:30PM	

**Westerville Medical Campus**  
260 Polaris Pkwy, Suite 1810 Westerville, OH 43082  
Ph: 614-566-4758, Fax: 614-533-0520

Hours of Operation	
M: 7AM – 4:30PM	T: 8AM – 4:30PM
W: 7AM – 4:30PM	Th: 8AM – 4:30PM
F: 7AM – 3:30PM	



**NOT A PART OF THE PERMANENT MEDICAL RECORD**