



**Anticoagulation Management (ACM) Clinic  
Pharmacist Referral  
Jim Pattison Outpatient Care and Surgery Centre**

**Primary Care Provider**

Patient must be linked to primary care provider or have an established plan for ongoing anticoagulation management in the community at the time of referral.

Primary care provider

\*OR\*

Register patient with Health Connect Registry prior to patient being discharged

**Medical history (if consultations not attached):** **Current medications (if medication list not attached):**

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**Indication for initiation of warfarin and/or low molecular weight heparin therapy:**

- VTE. Please specify site of thrombosis: \_\_\_\_\_
- LV or apical thrombus. Patient must be referred by a specialist (i.e., cardiologist or neurologist) or have scheduled appointment to be seen by a specialist.
- Atrial fibrillation or valvular heart disease: Reserved to help facilitate hospital discharge only for short-term monitoring up to four weeks.
- Other: \_\_\_\_\_  
\_\_\_\_\_

**Target INR range:**

- 2 to 3     2.5 to 3.5     Other, please specify: \_\_\_\_\_

**Initial duration of therapy\*:**

- Indefinite (atrial fibrillation or valvular heart disease)
- Per patient's specialist (LV or apical thrombus)
- At least 3 months (VTE). If the patient does not have a pre-established thrombosis MD, complete the Thrombosis Clinic Referral (MSXX108053)
- Other, please specify: \_\_\_\_\_

\*The final duration of therapy will be reviewed and determined by ACM or Thrombosis physician (for Acute VTE) or by patient's specialist (for LV or apical thrombus).

**Anticoagulation:**

- Low Molecular Weight Heparin (LMWH)     Warfarin     Other, please specify: \_\_\_\_\_
- Warfarin and Low Molecular Weight Heparin (i.e., bridging therapy until INR therapeutic)  
Warfarin start date (DD/MM/YYYY): \_\_\_\_\_

Date (DD/MM/YYYY):						
Warfarin dose (mg)						
LMWH dose (specify units)						