HEART CENTER

COUMADIN® CLINIC - PATIENT ENROLLMENT FORM

930 Franklin St. 3rd floor Huntsville, AL 35801 OFFICE: 256-265-3012 FAX: 256-801-6907

Please complete form and fax to clinic. Patients are seen *by appointment only* and will be scheduled by the clinic within 1 week of receipt of the completed form. Physician must write original Coumadin prescription. Clinic will adjust dosage and refill as needed.

****Enrollment form will be renewed annually.****

Patient Name____________________________ **Home Phone**___________________

Date of Birth__________________ **SSN**_____________________________________

Address____

Emergency Contact_______________________________ **Phone**_____________________

Height _________ **Weight** __________ **Allergies** ___________________________

Indication for Anticoagulation: **A-FIB (specify afib type)** □ Paroxysmal atrial fibrillation □ Persistent atrial fibrillation □ Chronic atrial fibrillation □ Unspecified atrial fibrillation

□ **DVT (Specify Location: ____________)** □ **PE** □ **CVA** □ **TIA** □ **PVD** □ **CHF** □ **AVR** □ **MVR** □ **Other** __________________________

Expected Duration of Therapy ___ weeks ___months ___ years ___ indefinitely

INR Goal Range □ 2.0-3.0 □ 2.5-3.5 □ _________ other

LMWH Bridge Therapy required when patient off Coumadin for procedures: □ Yes □ No

Current Dose warfarin: _______________________________ **Last INR:** _____ **on** __ /__ /__

Significant PMH: □ Anemia □ Peptic ulcer □ GI bleed □ ETOH abuse □ DVT/PE □ CVA □ TIA □ MI □ CAD □ CHF □ DM □ ESRD □ Previous anticoagulation history

Other Comments ____

Referring Physician ___________________________ Office Phone ______________________

Address ____ Fax ______________________

Physician Signature ____________________________ **Date** _______**Time**_____

The signature on this referral form acknowledges that the periodic monitoring of PT/INRs, as indicated by this patient's medical condition, is medically necessary for this patient. This signature further states that you are the physician responsible for this patient's anticoagulation therapy, and the Anticoagulation Clinic is acting as your agent in the monitoring and adjusting of this therapy according to the CHEST anticoagulation guidelines and an established protocol.