

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: Coumadin Clinic	FROM: (Requesting physician or activity)	DATE OF REQUEST
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REASON FOR REQUEST (Complaints and findings)

Desired INR range	Diagnosis
Duration of Therapy	Previous complication of therapy
Current dose	
Next lab test due	

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> TODAY
		<input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> 72 HOURS	<input type="checkbox"/> EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED YES NO PATIENT EXAMINED YES NO

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| <p>1. Coumadin Therapy</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mechanism of action <input type="checkbox"/> Indication for use <input type="checkbox"/> How it works <p>2. INR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Definition <input type="checkbox"/> When to test <input type="checkbox"/> How to get results | <p>3. Coumadin Tablets</p> <ul style="list-style-type: none"> <input type="checkbox"/> Milligrams and tablet color <input type="checkbox"/> Dosage changes <input type="checkbox"/> Rx amount <input type="checkbox"/> Regimen <input type="checkbox"/> Missed doses <p>4. Lifestyle Changes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diet <input type="checkbox"/> Alcohol <input type="checkbox"/> Exercise <input type="checkbox"/> Travel <input type="checkbox"/> Pregnancy <input type="checkbox"/> Avoiding risk of injury | <p>5. Warning Signs</p> <ul style="list-style-type: none"> <input type="checkbox"/> What to look for <input type="checkbox"/> What to do <ul style="list-style-type: none"> <input type="checkbox"/> Clinic hours <input type="checkbox"/> After hours <input type="checkbox"/> Emergency medical card <input type="checkbox"/> Medical alert bracelet <p>6. Medical Information</p> <ul style="list-style-type: none"> <input type="checkbox"/> Other HCP <input type="checkbox"/> ASA <input type="checkbox"/> Other medicines | <p>7. Handouts</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient Agreement Form <input type="checkbox"/> Pharmacy Education Form <input type="checkbox"/> Clinic/Lab Information Sheet <input type="checkbox"/> Booklet <input type="checkbox"/> Audiotape (to be returned) <input type="checkbox"/> Medication Information Card |
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(Continue on reverse side)

SIGNATURE AND TITLE			DATE
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; rank; rate; hospital or medical facility) *U.S. GPO: 1994-377-624

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