

ANTICOAGULATION SERVICES
AMBULATORY CARE PHARMACY SERVICES (ACS)
 Initial Clinical Referral Contract – Hospitalist Initiated
 P: 443.481.5826 / F: 443.481.5798

*****For ACS Office Use Only*****

Patient Label ID

*****Initial Hospitalist referral is only valid for 30 days. A community physician must countersign and assume responsibility:**

Hospitalist Printed Name: _____ **Signature:** _____ **Date:** _____

Patient's Name: _____ **Birthdate:** _____

Patient Demographics Required: Phone: _____ Home: _____ Work: _____
 Cell: _____ Other: _____

Reason for Referral:

<input checked="" type="checkbox"/> Z51.81 Therapeutic Drug Level Monitoring	<input checked="" type="checkbox"/> Z79.01 Long term (current) use of anticoagulants
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Patient's Indication for therapy: (Choose every diagnosis that applies or provide ICD-10 code and description):

Atrial Fibrillation <input type="checkbox"/> I48.0 Paroxysmal <input type="checkbox"/> I48.11 Longstanding Persistent A-Fib <input type="checkbox"/> I48.20 Chronic <input type="checkbox"/> I48.19 Other Persistent A-Fib <input type="checkbox"/> I48.21 Permanent <input type="checkbox"/> I48.91 Other/Unspecified	Deep Vein Thrombosis (DVT) <input type="checkbox"/> I82.409 Acute <input type="checkbox"/> Z86.718 History of DVT <input type="checkbox"/> I82.509 Chronic <input type="checkbox"/> Z86.718 History of Recurrent DVT
Atrial Flutter <input type="checkbox"/> I48.3 Typical <input type="checkbox"/> I48.4 Atypical <input type="checkbox"/> I48.92 Other/Unspec. <input type="checkbox"/> I42.9 Cardiomyopathy	Pulmonary Embolism (PE) <input type="checkbox"/> I26.99 Acute <input type="checkbox"/> I27.82 Chronic <input type="checkbox"/> Z86.711 History of PE <input type="checkbox"/> D68.59 Hypercoagulable state
<input type="checkbox"/> Z86.73 History of Stroke/TIA	<input type="checkbox"/> D68.51 Factor V Leiden
<input type="checkbox"/> Z95.2 Mechanical Heart Valve <input type="checkbox"/> Aortic <input type="checkbox"/> Mitral	<input type="checkbox"/> D68.61 Antiphospholipid Syndrome
<input type="checkbox"/> Other: ICD-10 Diagnosis Code: _____	Description: _____

Anticoagulation Medication:

Medication: Coumadin/Warfarin (see required information below) Eliquis Pradaxa Xarelto Savaysa
 Transition from _____ to _____

Onset of Therapy (Date): _____ **Initial Dosing:** _____

Duration of Therapy: (Choose ONLY ONE)
 Indefinitely **Other (Therapy End DATE must be specified):** _____ (MM/DD/YYYY)

For Coumadin/Warfarin patients:

Target INR Range: 1.6-2.2 1.8-2.5 2.0-3.0 2.5-3.5 **Other:** _____

Lovenox Bridging: (AAMC ACS will default to Chest guidelines and/or discuss with ACS Medical Director if no option is checked)
 Bridging if off warfarin for procedures? Yes No Other: _____

Last INR Result: _____ Date: _____ D/C Lovenox when INR is greater than _____

Initial Appointment:

Immediately 1 Week 2 Week 3 Week 4 Week **Other:** _____

Community Physician Signature: _____ **Date:** _____ **Time:** _____

Community Physician Name (Print): _____ **Phone:** _____ **Fax:** _____

***Responsible Referring Physician (Community Physician):** The clinic will test, dose, and prescribe as the acting agent as allowed for the referring physician who still remains ultimately responsible for the patient's anticoagulation therapy. The patient will be referred back to this physician if there are any issues with compliance or referrals.

X ACS Clinic Staff may renew Anticoagulation Therapy prescription to patient's pharmacy as per ACS Pharmacy policy.



ANTI COAGULATION SERVICES

Initial Clinical Referral Contract - Hospitalist

AAMC Hospitalist Initiated

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Patient Label ID

This referral is required for clinical purposes.

This is not a referral for insurance purposes.

The referral is a legal contract between the provider and pharmacist allowing Anti Coagulation Services (ACS) to become the acting agent for the referring physician.

Clinic staff will contact patients for scheduling upon receipt of the referral.

All patients are scheduled. This is not a walk in clinic.

The initial new patient appointment is scheduled for 45 minutes to review patient's medical history and new patient education regarding the medication. New patients are scheduled for their first 5-6 appointments in an effort to get them to a therapeutic level as quickly as possible (Two times/week for two weeks, then once/week thereafter). Appointments are scheduled for further future appointments upon check out as directed by the protocol.

The AAMC hospitalist/provider may initiate the referral to the clinic. The initial referral is only valid for up to 30 days. A community physician must countersign the referral to assume the role of responsible referring physician. The AAMC hospitalist/ provider should confirm with the community physician that they will assume responsibility and choose to refer the patient into the clinic.

ACS is obligated to follow the hospital approved protocol as the acting agent for the physician. Any deviation from approved protocol requires the referring physician's direction and authorization.

Hospital protocol requires that both a current medication and problem list be submitted with the completed clinical new patient referral. AAMC hospitalists may update both lists in Epic. The patient should not be scheduled without both lists.