

OUTPATIENT ANTICOAGULATION CLINIC STANDARD REFERRAL

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



ANTICOAG

**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: 8AM-4:30PM	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
5131 Beacon Hill, Suite 110B 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
285 E. State Street, Suite 210 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: 8AM – 4:30PM	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	

Van Wert Hospital
1250 S Washington St, Van Wert, OH 45891
Ph: 419-238-8866, Fax: 419-238-8814

Hours of Operation	
M: Closed	T: 8AM – 12PM
W: Closed	Th: 12PM – 4PM
F: Closed	

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: 8AM – 5:00PM	Th: 8AM – 4:30PM
F: 7AM – 3:30PM	



NOT A PART OF THE PERMANENT MEDICAL RECORD