Patient Name:_____ DOB: _____
SSN:_____
Patient Home Number:_____ Alternate Contact:_____
Managing Physician: MIKE MURCHIE Office No: 804-622-0803 Fax: 804-622-0804

Primary Indication For Warfarin	❑ 427.31 Atrial Fibrillation	❑424.1 Valve Disorder, Aortic
	❑ 453.8 Deep Vein Thrombosis, arm	❑424.0 Valve Disorder, Mitral
	❑ 453.4 Deep Vein Thrombosis, leg	❑V42.2 Valve, Bioprosthetic
	❑ 434.91 Stroke, CVA with infarct	❑V43.3 Valve, Mechanical
	❑ 435.9 Transient Ischemic Attack, TIA	❑415.19 Pulmonary Embolus
	❑ V58.61 Anticoagulation Therapy/ Long Term Use	
	❑ 428.89 Left Ventricle Thrombus	
	❑ Other	

Desired INR Goal	**Treatment Duration**
❑ 2.0- 3.0	❑Lifetime user
❑ 2.5-3.5	❑To be evaluated
❑ other:	❑ Date to stop:

Current Anticoagulation Therapy
Current Anticoagulation Medication: ❑ Coumadin ❑Warfarin ❑ Generic okay
Date of Last INR_____ Result_____ Date Warfarin/Coumadin initiated:_____
Current Warfarin Dose:_____

Bleeding Risk (Check all that apply)

❑Age ≥ 65	❑ Creat >1.5	❑ Low risk (0 risk factors)
❑History of Stroke	❑ Diabetes Mellitus	❑ Intermediate Risk
❑History of GI bleed	(1-2 Risk Factors)	
❑History of MI,	❑ High Risk	
❑Hct <30	(≥3 Risk Factors)	

Recommendations for next INR: _____

Please send the following copies with the referral form:

- Recent History and Physical
- Current Medication List
- Demographic information

The physician responsible for managing Coumadin after discharge will determine the end date of the therapy. The Coumadin Clinic provides Coumadin dose management for each patient in accordance with the order from the managing physician. This service does not replace or substitute physician evaluation and management of the patient.

_____ _____
Physician Signature Date

Please fax completed order to (804) 285-5148 or call us at (804) 289-4700 with any questions.

Henrico Doctors Hospital
Coumadin Clinic Outpatient Referral Form

PATIENT IDENTIFICATION

CLIS

CrossOver Health Centers

To Whom It May Concern,

_____ is a patient at CrossOver West Healthcare Ministry with full eligibility for services. Please manage warfarin therapy and fax results to 622-0804.

Sincerely,

Dr Mike Murchie
Board Certified, Internal Medicine
Associate Medical Director, CrossOver Health Care Ministry