

Discharge Summary Information Request

For Warfarin Patients Currently Monitored by Mater Pathology

Mater Pathology offers general practitioners and specialists the service of our Warfarin Monitoring Clinic to oversee warfarin dosing of their patients. If you wish Mater Pathology to commence the monitoring of warfarin doses and INRs for a new patient, please contact the Warfarin Monitoring Clinic on 3163 8378.

When a patient is admitted into hospital this service is temporarily ceased and must be reactivated to continue within our program.

To assist in maintaining a safe INR for the patient, we require the discharging hospital to supply us with an updated health and medication history, including recent warfarin doses and INR results.

Patients discharged from hospital who are prescribed bridging low molecular weight heparin (LMWH) must remain under the care of the hospital or be referred to their own doctor or private specialist until LMWH is ceased and the INR returns to the therapeutic range.

To recommence a patient in our Warfarin Monitoring Clinic please complete the details below and return to us as soon as possible.

Patient Details

(please attach hospital sticker here)

Mr/Mrs/Ms	Surname:
First Name:	
Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	
Postcode:	
Contact phone number on discharge:	
Home phone:	Mobile:

Reason for Admission.

Reason for changes to warfarin therapy or INR range during admission

Major medication changes

When Complete, please sign and date below

Form details complete by

Name:
Date: / / Signature:

Relevant medical history

(or attach discharge summary)

Discharge summary attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List of medications attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient have a supply of warfarin?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Hospital

Name of Hospital:
Date of discharge: / / Ward:

Warfarin dose instructions

(preferably the last 6 tests)

Date	INR	Dose
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		

Please fax this form to 07 3163 3440 or email pathology.enquiries@mater.org.au upon completion.