

Referring Doctor

Name:
Address:
Phone:

Nominated General Practitioner

(Specialists must include the patient's GP as nominated GP)

Name:
Address:
Phone:

Is a home visit required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of home visit: / /

Please see home visit eligibility

Hospital

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

Cessation of treatment (tick correct box/es)

Anticoagulation treatment is INDEFINITE
 Anticoagulation treatment must be stopped after _____
 Weeks Months
 Patient needs to be re-evaluated before warfarin treatment is stopped: Yes No
 Re-evaluation to be performed:
 At Clinic By Doctor
 Provide Details _____
 Re-evaluation appointment made: Yes No

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:
Address: (if different to above)	
Postcode:	
Carer or Next of Kin:	

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

Enrolment Fees

Aboriginal/Torres Strait Islander – no charge or annual fees
 Nursing Home Resident – no charge or annual fees
 \$125.00 (Pensioners, Health Care Card Holders)
 Card Number: _____
 \$250.00 (All other patients)
 Your patient has agreed to pay the enrolment
On-Going Annual Fees after 1st year
 \$60.00 (Pensioners, Health Care Card Holders)
 \$120.00 (no concessions)

Warfarin History

INR target range:
Date warfarin therapy commenced: / /
Clinical indication:
Heart valve: <input type="checkbox"/> Tissue <input type="checkbox"/> Mechanical <input type="checkbox"/> Repair Only
Has the patient had an INR test today? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was this INR performed by Mater Pathology? <input type="checkbox"/> Yes <input type="checkbox"/> No

Warfarin dose instructions *(preferably the last 6 tests)*

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

When Complete, please sign and date below

Form details complete by

Name:	
Date: / /	Signature:

Please advise your patient that a Mater Pathology Warfarin Care Program staff member will contact them after discharge from hospital

Please contact Mater Pathology Warfarin Care Program on (07) 3163 8378 Monday – Friday 10am - 5pm if you have any queries.

MATER PATHOLOGY WARFARIN CARE ENROLMENT POLICY

Mater Pathology will only accept patients into the Warfarin Care Program if there is regular communication with the patient's general practitioner. If the patient's general practitioner does not regularly refer to Mater Pathology, we reserve the right to not enrol the patient or discontinue the enrolment of the patient.

For patient safety reasons please assess your patient's eligibility according to our **Eligibility Criteria and Enrolment Steps** before enrolling into the Mater Pathology Warfarin Care Program.

Mater Pathology will not commence enrolments on weekends, public holidays, or the day prior to a long weekend. Enrolments will be limited prior to Easter, Christmas and the New Year to allow safe transfer of your patient onto our program.

ELIGIBILITY CRITERIA

Patients who wish to be enrolled in the Mater Pathology Warfarin Care Program must meet the eligibility criteria at time of enrolment and continue to meet eligibility criteria for the duration of their enrolment. Failure to do so will result in non-compliant patients being returned to their general practitioners care for Warfarin.

To be eligible for enrolment in the Mater Pathology Warfarin Care Program your patient must:

- be taking Warfarin (not Dindevan medication)
- have a minimum enrolment period of one month
- have a general practitioner who regularly refers patients to Mater Pathology. This includes patients recently discharged from hospital.

- have a valid mailing address and be contactable by phone
- be able to comprehend and record verbal and/or written dose instructions (or have a carer who can do so)
- be able to comply with dose instructions (or have a carer who can comply)
- be able to attend for testing on scheduled dates, subject to exceptional circumstances
- not have been discharged from a warfarin care program due to non-compliance
- not require a narrow target range (less than 0.5)
- not require daily INR levels
- not require acute care
- be respectful to all Mater Pathology staff

HOME VISIT ELIGIBILITY

To be eligible for a home visit, patients must first be registered by their general practitioner as requiring home care, otherwise fees may apply.

ENROLMENT FEE STRUCTURE

Enrolment into the Mater Pathology Warfarin Care Program attracts a fee:

No charge (Aboriginal/Torres Strait Islander and Nursing Home Residents)
\$125.00 (Pensioners, Health Care Card Holders)
\$250.00 (All other patients)

ENROLMENT STEPS

Before enrolment please:

- assess your patient's eligibility according to the criteria above
- provide your patient with adequate dosing instructions and dietary recommendations appropriate for that of a patient taking Warfarin. Once enrolment is finalised a Mater Pathology Warfarin Care Officer will notify you and your patient that the enrolment has been completed. Please allow at least one business day.

The completed enrolment application form (all sections **must** be completed) along with a signed Rule 3 Exemption request form must be faxed to the Mater Pathology Warfarin Care Clinic on **07 3163 3440**. Please retain the original enrolment application for future reference. If you have not received enrolment confirmation within one business day, please call the Mater Pathology Warfarin Care Clinic on **07 3163 8378**.

The referring doctor must manage the patient's heparin therapy, including low molecular weight heparin such as Clexane

Heparin therapy (UH or LMWH) should continue until the INR is in the therapeutic range for at least **TWO** consecutive days.

Enrolment in the Mater Pathology Warfarin Care Program is dependent upon all parties – Doctor, Patient and Laboratory understanding and accepting their roles and responsibilities.