

Patient Name: _____ Date of Birth: _____
 Home Phone Number: _____ Cell Number: _____
 Past Medical History: _____

ANTICOAGULATION THERAPY MANAGEMENT

1. INDICATION: AFib DVT PE CVA Other: _____
2. Duration of therapy: _____ months lifelong therapy
WARFARIN: Desired INR range: 2 – 3 2.5 – 3.5 Other: _____ Reason: _____
 Current warfarin dose: _____ Latest INR/Date: _____ / _____
 Current Lovenox® dose: _____
3. D/C Lovenox when INR ≥ 2 for 24 hrs? Yes No, other instructions _____
 Pharmacist may restart Lovenox® (if <3 months from VTE) when:
 INR < _____ OR Do not restart because _____
OR DIRECT ORAL ANTICOAGULANTS: education & monitoring of ADRs, drug interactions, SCr
 Name & dose: _____ Latest SCr / Date: _____ / _____

INSULIN THERAPY OPTIMIZATION

DM Type: 1 2 **A1C/FPG Goals:** < 8 %/140mg/dL Current Diabetic Meds: _____
 I 2 < 7%/120mg/dL Other: _____
 Reason _____
 D/C Oral Antidiabetic Medications? Yes No, other instructions: _____
 Insulin Regimen: Once Daily Multi-dose Intensive Insulin
 Basal: NPH Glargine (Lantus®) Detemir (Levemir®) Current Dose: _____
 Bolus: Aspart Lispro Glulisine Current Dose: _____

HEART FAILURE THERAPY MANAGEMENT

NYHA Functional Class: I II III IV Obese? Yes No
 EF: _____ Date: _____ Resting Tachycardia? Yes No
 Weight: _____ Date: _____ Chronic Hypotension? Yes No
 BP: _____ Pulse: _____ Date: _____
 Special Directions (Salt/Fluid Intake): _____
 EKG Date: _____ Normal Heart Block
 Other: _____
 Other laboratory measurements pertinent to HF: _____

	Latest Lab Value	Date
Na+		
K+		
BUN		
SCr		
Mag		
BNP		
ALT		
AST		
TSH		
Digoxin		

PHYSICIAN INFORMATION

Referring Physician Name: _____ Phone Number: _____
 Referring Physician's Signature/Physician's Agent: _____ Date: _____
 I have contacted the **Monitoring Physician**, who accepts care after discharge. **OR** Check here if Monitoring & Referring Doctors are the same
 Monitoring Physician Name: _____ Phone Number: _____
 Monitoring Physician's Signature/Physician's Agent: _____ Date: _____

Complete all areas of the section for the service in which you are referring patient