BRITISH COLUMBIA MEDICAL ASSOCIATION | BRITISH COLUMBIA The Best Place on Earth | Ministry of Health Services | Guidelines & Protocols Advisory Committee

WARFARIN PATIENT RECORD SHEET

ATTACH PATIENT INFORMATION LABEL HERE

PATIENT INFORMATION

SURNAME OF PATIENT	FIRST NAME (INITIALS)	PHN

Indications:
- ❑ atrial fibrillation
- ❑ DVT/PE
- ❑ thrombophilia
- ❑ prosthetic heart valve
- ❑ intracardiac thrombus
- ❑ Other: ➟

Target INR Range: ❑ 2.0 – 3.0 ❑ 2.5 – 3.5 ❑ Other: ➟ _____

Duration: ❑ 3 mos ❑ lifelong ❑ reassess when: ➟

Oral Anticoagulant: ❑ Warfarin ❑ Other: ➟

Please complete and indicate 1st and 2nd preference for contact

____ Work Phone: ( ) _____

____ Home Phone: ( ) _____

____ Cell: ( ) _____

____ Pager: ( ) _____

____ Fax: ( ) _____

____ Email:

Tablet Strengths: ❑ 1 - pink ❑ 2 - lavender ❑ 2.5 - green ❑ 3 - tan ❑ 4 - blue ❑ 5 - peach ❑ 6 - teal ❑ 7 - yellow ❑ 10 - white

OTHER INFORMATION

NAME OF PRIMARY PHYSICIAN	TELEPHONE NUMBER	FAX
NAME OF SPECIALIST	TELEPHONE NUMBER	FAX
NAME OF SPECIALIST	TELEPHONE NUMBER	FAX
INR RESULTS ALSO COPIED TO:	DATE	FAX

LAB	PHARMACY	OTHER

Specimen Date	HB if done	PLTS if done	INR Result	Dosage Instruction	Weekly mg	Next INR	MD Initials	Date/Status of Patient Notification	Notifier Initials
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