# Community Pharmacy Anticoagulation Management Service (CPAMS) Referral Form

**I am referring my patient to your community anticoagulation management clinic. I enclose the details below. I authorise the CPAMS pharmacist to dispense a 7 day course of Warfarin (14, 1 mg tablets) as a loading dose following the baseline INR test at the first CPAMS appointment. This is in accordance with the West Lothian Healthcare NHS Trust, NHS Scotland Initiation Guidelines, which were adapted from Oates et al 1998.**

**Print Referring Clinician’s Name:**       **Date of Referral:**

**Signature**

**PATIENT’S GP DETAILS:**

**GP Address:**

**GP code:**

**Tel:**

**Practice code:**

**PATIENT DETAILS:**

**NHS number:**

**Surname:**

**First name:**

**Date of Birth:**

**Gender (M/F):**

**Tel:**

**Address:**

**Post code:**

* **Patients for initiation on Warfarin and awaiting ablation, please fill in section A in full.**
* **Patients already on Warfarin (only accept new or temporary to the area) please fill in section B in full.**
* **Patients for initiation on Warfarin and awaiting cardioversion, please refer directly to RSCH anticoagulation clinic. Fax: 01273 664989 or email: bsu-tr.anticoagulation@nhs.net**

**Section A - INITIATION**

**For Initiation onto Warfarin**

**(Fill in points 1-5 below) and hand sign above**

1. [ ] Atrial Fibrillation

[ ] Atrial Flutter

1. **CHAD2DS2VASc Score:**

**(If 0 please provide supporting information)**

**Date of diagnosis:**

1. [ ]  Indefinite duration of therapy
2. **All current Medication and doses:**

1. **Significant Medical problems:**

**Exclusions:**

Please note that the following patients are **excluded** from this service and should be referred directly to hospital using existing pathways:

* patients under 16 years of age
* newly-diagnosed venous thromboembolism (VTE) (diagnosis within 4 weeks)
* patients with severe liver failure
* VTE still on LMWH
* Pregnancy
* antiphospholipid syndrome

**Section B -MAINTENANCE**

**ONLY for new or temporary to the area patients already on Warfarin**

**(Fill in points 1-8 below) and hand sign above (must have at least 2 previous INR’s, date and dosage one of which in the last 3 months)**

1. [ ]  TEMPORARY to area

 [ ]  NEW to area

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. INR
 |       | Date |       | Dosage |       |
|  INR |       | Date |       | Dosage |       |

1. **Target Range:**
2. **Condition patient referred for:**
3. **Date of diagnosis:**
4. **Duration of therapy** (please tick one**):**

[ ]  Indefinite (for initiation, temp and new to area patients)

[ ]  3 months (for temp and new to area)

[ ]  6 months (for temp and new to area)

[ ]  Other – please specify below (for temp and new to the area patients):

1. **All current Medication and doses:**

1. **Significant Medical problems:**

|  |  |  |
| --- | --- | --- |
|  | **CHAD2DS2-VASc Reminder****Condition** | **Points** |
|  **C**  |  Congestive heart failure (or Left ventricular systolic dysfunction) | 1 |
|  **H** |  [Hypertension](https://en.wikipedia.org/wiki/Hypertension): blood pressure consistently above 140/90 mmHg (or treated hypertension on medication) | 1 |
|  **A2** |  Age ≥75 years | 2 |
|  **D** |  Diabetes Mellitus | 1 |
|  **S2** |  Prior [Stroke](https://en.wikipedia.org/wiki/Stroke) or [TIA](https://en.wikipedia.org/wiki/Transient_ischemic_attack) or [thromboembolism](https://en.wikipedia.org/wiki/Thromboembolism) | 2 |
|  **V** |  Vascular disease (e.g. peripheral artery disease, myocardial infarction, aortic plaque) | 1 |
|  **A** |  Age 65–74 years | 1 |
|  **Sc** |  Sex category (i.e. female sex) | 1 |

\_\_\_\_\_\_\_

Total

