

Warfarin Care Clinic

Registering Your Patient

Please read these guidelines before completing the registration form overleaf. Completing the registration form does not automatically guarantee acceptance into the Warfarin Care Clinic program.

Please continue to give the patient dosage instructions until you receive confirmation that the registration has been accepted, you should receive a response within 3 business days.

Contact the Warfarin Clinic by phone for any urgent registrations (24 hours is required).

1. CHECK PATIENT'S ELIGIBILITY:

- There are two reliable contact numbers, one being a mobile as SMS is the preferred method of delivering results.
- The patient or their carer can receive and respond to an SMS and follow verbal instructions. Alternatively, we can liaise with a pharmacy who pack their medication. Supply pharmacy details.
- There are no known reasons which may prevent the patient from following dosage and testing instructions. For example; compliance, mental health issues, work, travel.
- They are not included in any category outlined in the text box to the right.
- They are aware the Warfarin Registration fee is payable upfront and understand the costs of the ongoing Annual fee. Please refer to the attached "Warfarin Fee Acceptance Form". Please forward the signed form with the registration documents and supply the patient with a copy.

2. COLLATE PATIENT DETAILS

- Complete ALL sections on the PDF Registration form
- Contact details: address and phone contact details
- Full medical history and current medicines
- Recent INR's and Warfarin doses

3. SUBMIT REGISTRATION REQUEST AND SIGNED FEE ACCEPTANCE FORM

Send the completed patient registration form via

- **Email** - warfarin@qml.com.au
- **Fax** - (07) 3121 4335

4. ONCE APPROVED YOU WILL RECEIVE A QML PATHOLOGY REFERENCE NUMBER

- Contact the patient to advise them of their first test date
- Supply the patient with a signed INR request form – marked Rule 3 exemption; include on the form:
 - the QML Pathology Reference number
 - and request one-off FBC & E/LFT's if no test with QML in the previous 2 months
- If the registering doctor is NOT the primary care doctor then exclude the words Rule 3 and write the primary care doctor as a copy doctor.
 - Supply the patient with a second request form to take to their primary care doctor to have signed before their second test. Pre-write the second form: write the name of the primary care doctor into the requesting doctor section, in tests requested write "INR", "Rule 3 exemption", and the "QML Pathology Reference number".

The QML Pathology Warfarin Care Clinic regrets that it cannot be responsible for the INR control and warfarin dosing of the following patients:

- 'Acute' care cases or those that develop complex clinical conditions:
 - All inpatients (as per the current practice)
 - Patients requiring daily INR for >2 days will be deemed acute care
 - Patients on high dose cytotoxic chemotherapy
- Patients who will only be under QML Pathology control for a period of one month or less
- Patients or care givers who are unable to comply, or follow SMS, written, or verbal instructions in English
- Patients who experience ongoing difficulties attending on scheduled test dates, e.g., residents of remote areas or those whose employment/lifestyle requires frequent travel
- Patients or care givers who are abusive to QML Pathology staff
- Previously discharged non-compliant patients
- Patients who are taking LMWH or who have recently ceased LMWH, but INR results are not in therapeutic range.

Compliance

Once registered, patients must be compliant with the instructions of the Warfarin Care Clinic. The patient, on their part will also be expected to keep QML Pathology informed of any changes - especially contact details. Habitually non-compliant patients (those who fail to test when requested or who self dose), and patients who abuse QML Pathology staff will be discharged from the Clinic after their clinician has been informed.

Warfarin Care Clinic

Registration Number

(Internal use)

Registration Request for Patient Warfarin Management

Please make sure you have read and understood steps 1 - 4 overleaf.

Complete ALL sections in this form. Incomplete enrolments may mean your request be denied.

Continue to supply the patient with dose instructions until you have received confirmation that the registration has been accepted (1-3 business days). Once confirmed you will receive a registration number – write this on the first request form for QML Pathology to control INR plus one-off FBC & E/LFTs.

DOCTOR INFORMATION

- I, as the referring doctor, agree that the information provided is accurate and correct and that my patient fulfils the eligibility criteria for the QML Pathology Warfarin Care Clinic
- I, as the primary doctor understand the Roles and Responsibilities
- I have informed the patient of the Non-refundable Warfarin Clinic fees and supplied them with a copy of the signed *Fee Acceptance Form*

REGISTERING AND TREATING DOCTORS:

SPECIALIST OR CONSULTANT

Name: _____
Provider No.: _____
Surgery Address: _____
Phone: _____ Fax: _____
Email: _____

GP/MLO (MUST be completed)

Name: _____
Provider No.: _____
Surgery Address: _____
Phone: _____ Fax: _____
Email: _____

Name and position of person completing form: _____

PATIENT INFORMATION

- Financial Consent is signed and attached
- Patient Surname: _____ Given Name: _____
- D.O.B.: ____/____/____ Sex: M F Weight: _____ Height: _____ Medicare Number: _____
- Address (home or nursing facility): _____ Suburb: _____ Postcode: _____
- Is address: Temp Perm NEW Contact 1 Name: _____ Contact 1 phone: _____
Contact 2 Name: (family, friend, or other) _____ Contact 2 phone: _____
- If Warfarin in websters - Pharmacy name: _____ Phone: _____ Fax: _____
- Home Visits: Y N Temporary? Permanent? (Ongoing home visits are a service for those who are housebound)

PRINCIPAL ANTICOAGULATION DIAGNOSIS

- Atrial Fibrillation Flutter Stroke (CVA) TIA Arterial Embolism Date of Condition: _____
- DVT Where? _____ Known reason? _____ INR Target Range: _____
- Pulmonary Embolism (PE) Minor Major Bilateral Known reason? _____ Warfarin Duration: _____
- Heart Valves Which one? _____ Mechanical Graft Repair Date Began Warfarin: _____
- Other _____

OTHER HX

- Recent surgery Reason: _____

Date of discharge: _____
- Attach recent hospital discharge summary
- Attach full health summary

CURRENT MEDICINES

- Brand Warfarin: Marevan Coumadin
- Other Anticoagulant: _____
- Aspirin Plavix

List ALL other medicines or supply with Health and/or Hospital Discharge Summary:

Recent Warfarin Doses over 5 - 7days and recent INR's (2 if possible):

Date	Dose	INR

Warfarin Care Clinic

Fee Acceptance Form

Thank you for considering the QML Pathology Warfarin Clinic in managing your INR and Warfarin doses. The Warfarin Care Clinic is not funded by Medicare or any other funding source, and for QML Pathology to continue to provide this service, new and re-registering patients will be required to pay a **non-refundable fee at the time of registration**.

An **annual fee** will be charged and currently billed on the 1st of each November. Those registered during the months of July to October may be exempt of the annual fee for November of the same calendar year.

Please read the following details regarding costs.

Are you over the age of 65 or under the age of 18? Yes/No

Do you hold any of the following cards? Yes/No

Pension / Health Care / Commonwealth Seniors Card / DVA Card (please circle)

Name on card: _____ Card number: _____ Expiry date: _____

If DVA Gold Card or White Card with an accepted condition requiring the administration of Warfarin, please supply details in order for QML Pathology to bill the DVA directly on your behalf.

If you answered YES: you will be Concessional. Otherwise, you will incur the Private Fee.

WARFARIN FEES	Initial Registration Fee	Annual Fee – November
Private Fee	\$289	\$137
Concessional Fee	\$147	\$68

If you wish to continue, complete this form and sign for acceptance.

Patient last name: _____

First name: _____ D.O.B.: ____ / ____ / ____

I _____ understand the costs for the Warfarin management service as explained above. I understand I will be contacted by the Warfarin Clinic within 24 hours to process the payment of the Initial Registration fees. If I continue to use the Warfarin management service, I will be invoiced an Annual fee.

Signature: _____ Date: ____ / ____ / ____

Once signed return this form to the Warfarin Clinic along with the Registration documents completed by your doctor. We will contact you to process payment of Initial Registration fees.

Please keep a copy of this form for your records.

OFFICE USE - Pre-Payment of Warfarin Registration Fees

QML Reference number: _____

Payment received for Warfarin Registration fees: Private \$289 Concessional \$147

RECEIPT NUMBER: _____ Date: ____ / ____ / ____

ROLES AND RESPONSIBILITIES

WARFARIN CARE CLINIC:	PATIENT'S DOCTOR:	PATIENT/CARER:
<ul style="list-style-type: none"> ✓ Provide educational and informational material in respect to Warfarin 	<ul style="list-style-type: none"> ✓ Provide the Warfarin Care Clinic with any changes to the patient's medical history or medication changes as they occur 	<ul style="list-style-type: none"> ✓ Have a mobile phone contact number because QML Pathology's preferred method of transmitting INR and dosage is via a Short Message Service (SMS)
<ul style="list-style-type: none"> ✓ Encourage and educate around the importance of compliance with testing and taking correct doses. 	<ul style="list-style-type: none"> ✓ Remind the patient to notify us of any changes. 	<ul style="list-style-type: none"> ✓ Have a suitable answering service and a reliable second contact number to ensure the Warfarin Care Clinic can contact or leave a message for the patient/carer at all times
<ul style="list-style-type: none"> ✓ Raise any concerns regarding ongoing non-compliance with the patients treating doctor. 	<ul style="list-style-type: none"> ✓ Supply a new signed Rule 3 request form to the patient for Medicare every six months, and 	<ul style="list-style-type: none"> ✓ Be patient with staff as they endeavour to assist them. Verbal abuse or violence will not be tolerated. Take the time to understand and follow the instructions given to them by our staff
<ul style="list-style-type: none"> ✓ Raise any concerns for those who may benefit from further support such as websters or a carer. 	<ul style="list-style-type: none"> ✓ Include six monthly testing of FBC and E/LFT's to aid the Haematologist in ensuring safe monitoring of the patient's Warfarin. 	<ul style="list-style-type: none"> ✓ Continue on their current dose until they have heard from QML Pathology with their new dosage. If the patient has not received their instructions within 2-3 days they should contact the Warfarin Clinic
<ul style="list-style-type: none"> ✓ Coordinate and liaise with a pharmacy (for websters) or nursing home. 	<ul style="list-style-type: none"> ✓ Council the patient on the importance of testing and following instructions on Warfarin doses. 	<ul style="list-style-type: none"> ✓ Complete the QML Pathology request forms for each INR and carefully answer the questions to ensure the Haematologist can be made aware of any changes
<ul style="list-style-type: none"> ✓ Answer any questions patients have regarding Warfarin 	<ul style="list-style-type: none"> ✓ Help discuss with the patient and organize the implementation of websters or a carer as required. 	<ul style="list-style-type: none"> ✓ Advise the Warfarin Care Clinic of any changes: hospital admissions, hospital discharges, medical or dental procedures, changes to health, changes to other medications. When/if their Warfarin is ceased or if their dose is altered by another doctor
<ul style="list-style-type: none"> ✓ Advise INR and Warfarin dose in a timely, prioritised fashion 	<ul style="list-style-type: none"> ✓ Alert the Warfarin Care Clinic prior to procedures if Warfarin needs adjusting 	<ul style="list-style-type: none"> ✓ Have their INR Test on time as requested by the Warfarin Care Clinic
<ul style="list-style-type: none"> ✓ Contact patients as soon as possible if any INR is greater than 5.0, and assist with the provision of Vitamin K 	<ul style="list-style-type: none"> ✓ Provide updated details post hospital admissions 	<ul style="list-style-type: none"> ✓ Ensure Warfarin Fees are paid in a timely manner to allow the Warfarin service to continue uninterrupted.
<ul style="list-style-type: none"> ✓ Give a kindly reminder (within reason) if patients are well overdue for testing 		
<ul style="list-style-type: none"> ✓ Coordinate care with cardioversion clinics 		
<ul style="list-style-type: none"> ✓ Help manage INR's around procedures as directed by the proceduralist. 		
<ul style="list-style-type: none"> ✓ Liaise with hospitals post discharge 		