

Referral Form

Patient:	MRN:	DOB:
Address:		Telephone:

Primary Indication for Anticoagulation:	ICD 10 code
Secondary Indication for Anticoagulation:	ICD 10 Code
Target INR Range: 2-3 2.5-3.5 Other:	Duration of Therapy:
(Please circle)	
Current warfarin dose:	Tablet size:
Warfarin start date:	Next recommended INR date:
Name and dose of injectable anticoagulant: (if applicable)	

Please include a recent office visit note with this referral that includes patient's past medical history and current medication list.

By signing this form I also agree to the Collaborative Practice Agreement described below.

Physician Name:	Telephone:	Fax:
Physician Signature:		Date:
Anticoagulation Clinic Representative Signature:		Date:

*****Please fax completed form to 860-358-2495*****

Collaborative Practice Agreement

Under section 91 of Public Act 10-7 and Connecticut General Statutes sec 20-631 "Collaborative Drug Therapy Management," a pharmacist or group of pharmacists may initiate, modify and manage drug therapy pursuant to patient specific collaborative practice agreement(s) with one or more referring physicians. Referral to the Middlesex Health Anticoagulation Clinic constitutes agreement by the provider with this collaborative practice agreement for the management of anticoagulation therapy with the specially trained group of pharmacists at the Middlesex Health Anticoagulation Clinic and satisfies all state legal requirements of a pharmacist collaborative agreement. Under Connecticut State law and CMS requirements the collaborative agreement and referral must be renewed annually by each referring physician by signing a new agreement.

A patient whose drug therapy is managed under this agreement must have established care with the referring provider and all aspects of the patient's anticoagulation medication management will be followed in collaboration with the patient's referring provider. The referring provider will make a diagnosis and refer the patient to the Middlesex Health Anticoagulation Clinic by completing the referral form. The referring physician will maintain all other aspects of the patient's ongoing care. The referring physician will notify Middlesex Health Anticoagulation Clinic if he/she discharges the patient from his/her practice or if the anticoagulation therapy is to be discontinued.

Under this collaborative agreement Middlesex Health Anticoagulation Clinic pharmacists may design, implement and monitor a therapeutic drug plan intended to manage anticoagulation therapies in accordance with treatment guidelines. Education for patients shall include appropriate counseling on disease state, lifestyle modifications and dietary and medication interactions. Written educational materials and patient-specific information may be provided to improve quality of care. Anticoagulation specialists may obtain appropriate laboratory tests and the results shall be reviewed and managed by the anticoagulation pharmacist to assess efficacy of treatment and necessity for medication and/or therapeutic lifestyle changes. Laboratory results will be relayed to the clinic patients by a patient-specific predetermined method which may include face-to-face encounter, written communication, or telephone communication. Any lab outliers that require further investigation will be sent to the referring physician and/or primary care physician and the patient will be told to contact that physician immediately. If the physician is not available, the patient will be directed to go to the emergency department for further treatment. The anticoagulation pharmacist will assure documentation of allergies and adverse drug reactions prior to initiation of anticoagulation therapy as well as those observed in the course of the above mentioned therapy. The anticoagulation pharmacist shall document all activities appropriately in the medical record. The anticoagulation pharmacist will report at least every 30 days to the referring physician regarding the patient's drug therapy management. All issues outside of the scope of anticoagulation medication management shall be referred to the daily supervising nurse practitioner or medical director. Rev. 2/2019