GNP Anticoagulation Center
18785 Brookhurst St. Suite 201
Fountain Valley, CA 92708
Phone (714) 916-0880, Fax (949) 999-8154

GNP Anticoagulation Center Oral Anticoagulant Management Referral Form

Patient Name: (Last, First, Middle Initial):	Date of Birth:
Home Phone:	Cell Phone:

Referring Physician:	Referral Date:
Phone Number:	Fax Number:

Required **Anticoagulation Indication or Diagnosis:**

☐ New ☐ Recurrent/chronic

☐ Atrial Fibrillation (non-valvular) ☐ Atrial Fibrillation (other) ☐ Valve Replacement (bioprosthetic or mechanical)

☐ DVT ☐ Pulmonary Embolism ☐ Hypercoagulable Disorder _____ ☐ Other _____

Required **Duration of Therapy:**

☐ 3 months ☐ 6 months ☐ 1 year ☐ Indefinite ☐ Other _____

Required **Assessment of Bleeding Risk:** ☐ Low ☐ Moderate ☐ High

Required **Please indicate if patient has history of any of the following conditions:**

☐ Active peptic ulcer disease or h/o GI bleeds ☐ Malignant or severe hypertension ☐ H/o falls

☐ H/o major bleeding requiring transfusion ☐ Pre-existing anticoagulation defect ☐ H/o recent stroke past 6 months

☐ Recent surgery or trauma ☐ H/o liver disease (ascites or hepatic encephalopathy) ☐ Active cancer/chemotx

Warfarin (Coumadin®)

Desired INR range:

☐ 2.0 – 3.0 ☐ 2.5 – 3.5 ☐ Other _____

Recent laboratory results (if any with the date):

Protime (INR)

Hgb/Hct

Platelets

OR

Novel Oral Anticoagulants (please choose ONE)

☐ Rivaroxaban (Xarelto®) ☐ Apixaban (Eliquis®)

☐ Dabigatran (Pradaxa®)

Recent laboratory results (if any with the date):

Protime (INR)

Serum creatinine

Liver function test

Please fax the completed form and the patient's most recent progress notes and labs to (949) 999-8154.
Thank you for referring the patient to the GNP Anticoagulation Center.

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