

Oxford University Hospitals NHS Foundation Trust

Starting Warfarin Form: Warfarin Monitoring (RAID)

Referral Pro Forma for referrers in Oxfordshire – v8 EMIS Web

Approved by BOB ICB [CRG 3/2015]

Approved by BBO LMC 25/5/23

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Contact Details for the Service

Description	Contact
Oxford referrals	ac.referral@ouh.nhs.uk
General enquiries	ac.services@ouh.nhs.uk
Banbury referrals	achgh@ouh.nhs.uk

Patient Details

Forename: _____

Surname: _____

Known as: _____

DOB: _____

Age: _____

Sex/Gender: _____

NHS Number: _____

Hospital Number: _____

Address & Postcode: _____

Email: _____

Phone (Home): _____

Phone (Work): _____

Phone (Mobile): _____

Clinical Information

Ethnicity: _____

1st Language: _____

Interpreter required (Yes/No): _____

Referring GP: _____

GP Address: _____

GP Tel No: _____

Practice Email: _____

Reason for Anticoagulation

Tick relevant:

- ☐ Atrial fibrillation / flutter – Known stroke/TIA
- ☐ Atrial fibrillation / flutter – No known stroke/TIA
- ☐ If target INR other than 2.5 (2.0–3.0), indicate reason
- ☐ If for induction, AC service will initiate slow loading with warfarin
- ☐ Detail why a DOAC is not suitable (AF)
- ☐ Deep Vein Thrombosis – Date of diagnosis
- ☐ Pulmonary Embolism – Date of diagnosis
- ☐ Detail why a DOAC is not suitable (VTE)
- ☐ Mechanical heart valve – Position and type
- ☐ Other indication – details

Additional Information

If patient currently on DOAC: Reason for transferring to warfarin:

Important to remain anticoagulated until INR in range? (Yes/No):

If YES: DOAC or Low Molecular Weight Heparin required: _____

Is patient receiving LMWH? (Yes/No): _____

Vitamin K antagonist – Warfarin or Other (specify): _____

Special instructions: Fax to DNs / Community phlebotomy / Other:

Over-the-counter medicines: _____

Previous / Current INR and Dosing Information

Baseline INR: _____

Single Code Entry: International Normalised Ratio (last visit)

Visit	Date	INR	Dose
Last visit			
2nd to last visit			
3rd to last visit			
4th to last visit			

Next INR request date: _____