



**Sullivan  
Nicolaides**  
PATHOLOGY

### Referring Doctor

(Specialists must include the patient's GP as Nominated GP)

Name:	
Suburb:	Phone:

### Nominated General Practitioner

Name:	
Suburb:	Phone:

### Hospital

Name of hospital:	
Ward:	
Date of discharge: / /	

**If enrolment is accepted please advise your patient that Warfarin Care will contact them after they are discharged.**

Please contact Warfarin Care Support on (07) 3377 8312 if you have any questions. Hours are: Mon to Fri 8.00am to 6.00pm.

### Nursing Home (If the patient lives in a nursing home)

Name of nursing home:	
Suburb/Town:	
Phone:	
Fax:	

### When completed, please sign and date:

#### Details completed by

Name:	
Date: / /	Initialled:

# Warfarin Care Hospital enrolment application form

**IMPORTANT! ALL sections of the form MUST be completed. Fax to (07) 3870 9150.** You will receive fax confirmation to your ward. Enrolment cannot commence on Fridays, weekends, or public holidays. Refer overleaf for enrolment steps and patient eligibility criteria. **Submission of an application for enrolment does not guarantee automatic acceptance into our Warfarin Care program.**







### Patient details (Attach hospital sticker here)

Mr/Mrs/Ms Surname:	
First name:	
Date of birth: / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	

### Contact phone numbers on discharge

Home phone:	
Work phone:	
Mobile:	
Address (if different from above):	
Carer or next of kin:	

### Medical history (Or attach a discharge summary)

Discharge summary attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List of medications attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the patient have a supply of Warfarin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Coumadin®</p>  1 mg (light tan)  2 mg (lavender)  5 mg (green)	
<p>Marevan®</p>  1 mg (brown)  3 mg (blue)  5 mg (pink)	

### Warfarin history

Target range ( $\geq 1$ unit, in whole units):	
Date warfarin therapy commenced: / /	
What is the expected duration for warfarin therapy?	
<input type="checkbox"/> Long term <input type="checkbox"/> Short term Indicate duration:	
Clinical indication:	
Heart valve (tick) <input type="checkbox"/> Aortic <input type="checkbox"/> Mitral <input type="checkbox"/> Tricuspid	
<input type="checkbox"/> Tissue <input type="checkbox"/> Mechanical <input type="checkbox"/> Repair only	
Date performed: / /	
Has the patient had an INR test today? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this INR performed by SNP? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Warfarin dose instructions (Preferably last 6 tests)

Date	INR	Dose
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		

### Current medications (Or attach a discharge summary)

Please include herbal medicines, vitamins, and dietary supplements. Note date started, if recent.




## Warfarin Care Support

Phone (07) 3377 8312

**Fax to (07) 3870 9150**

**IMPORTANT! ALL sections of the form MUST be completed.**

### Warfarin Care

SNP's Warfarin Care program is a service provided to patients of SNP's regular referring doctors. For patient safety, we will not accept patients into our Warfarin Care program where we do not have regular communication with the patient's General Practitioner. This precludes patients of GPs who do not usually refer to SNP. SNP reserves the right to refuse enrolment of any patient for patient safety reasons.

### Enrolment steps

**Step 1** Before enrolment, please:

- assess your patient's eligibility for our Warfarin Care program according to our Eligibility criteria (next column)

**Step 2** Doctor, nurse, or practice manager must fax the completed enrolment application to Warfarin Care Support to enrol your patient, or submit online via the 'For Doctors' section on our website at [www.snp.com.au](http://www.snp.com.au). Please retain this original enrolment application for future reference.

Your patient's eligibility will be assessed and we will notify you if our program is not suitable for your patient.

**If your patient is in hospital, you must confirm their enrolment is accepted before they are discharged.**

The referring doctor must manage the patient's heparin therapy, including low molecular weight heparin such as Clexane. Heparin therapy (UF or LMWH) should continue until INR is in the therapeutic range for at least 48 hours.

**We cannot commence enrolments on Fridays, weekends, or public holidays. Enrolment days will be limited**

**prior to Easter, Christmas, and New Year to allow the safe transfer of your patient onto our program.**

Enrolment in our Warfarin Care program is contingent upon all parties—doctor, patient, and laboratory—understanding and accepting their roles and responsibilities as outlined in the Sullivan Nicolaides *Pathology Handbook for Doctors*.

### Eligibility criteria

To be eligible for enrolment in our program, your patient must:

- be taking Warfarin (not Dindevan medication)
- have a minimum enrolment period of one month
- have a General Practitioner (includes patients discharged from public hospital) who refers their patients to Sullivan Nicolaides Pathology
- have a valid contact phone number and mailing address
- be able to comprehend and record verbal dose instructions
- be able to comply with dose instructions (or have a carer who can comply)
- be able to attend for testing on scheduled dates, subject to exceptional circumstances
- not have been discharged from a Warfarin Care program due to non-compliance
- not require a narrow target range (less than one unit)
- not require daily INR levels
- not require acute care.

### Ongoing patient eligibility for Warfarin Care

Patients who were eligible on enrolment will become ineligible for our Warfarin Care program if they:

- require a narrow target range
- require daily INR levels
- are non-compliant
- become unable to follow verbal or written dose instructions
- are abusive to Sullivan Nicolaides Pathology staff
- develop complex clinical conditions or become unstable where one-on-one management by their own referring doctor is necessary
- experience ongoing difficulties attending on scheduled test dates—for example, patients who reside in remote areas or whose employment requires frequent travel.

You will be advised of our concerns regarding your patient's suitability for our program. If these concerns are not resolved, then we will return the responsibility for managing your patient's warfarin therapy to you.