



The Johns Hopkins Health System Outpatient Anticoagulation Clinic (AC) Referral/Order Form

Please Select From One of the Following Clinics:

Johns Hopkins Hematology
Anticoagulation Management Service
Adult Internal Medicine and Surgery Clinics
601 North Caroline Street; 7th Floor, Suite A
Baltimore, MD 21287-0940
Phone: 410-502-8641
Fax: 443-287-9359
Appointments: 410-955-3142
[VTE (DVT/PE), Hypercoagulable states,
pregnancy, dissections, etc.]

Johns Hopkins Bayview
4940 Eastern Ave, Suite 1340
Phone: 410-550-7088
Fax: 410-550-9850
Appointments: 410-614-4525
[All Indications]
 Johns Hopkins Cardiology *
Anticoagulation Services
601 No. Caroline Street, Suite 7260
Baltimore, MD 21287
Phone: 410-955-9717
Fax: 410-502-2305 or 410-955-7018
Appointments: 410-955-3116

Johns Hopkins Oncology
Sidney Kimmel Comprehensive Cancer Center
The Harry and Jeanette Weinberg Building
Outpatient Services
401 N. Broadway, Room 1403
Baltimore, MD 21231
Phone: 443-287-7881
Beeper: 410-283-1270
[All Oncology patients]

Patient Name: _____ Patient JHH History # (if applicable) _____

Patient Phone Number: _____ Patient DOB: ____/____/____

Referring Physician: _____ Referring Physician Telephone #: _____

Primary Care Physician: _____ PCP Telephone/Fax #: _____

Indication for anticoagulation, check all that apply:

- | | | | |
|------------------------------|---|---|--|
| <input type="checkbox"/> DVT | <input type="checkbox"/> Atrial fibrillation | <input type="checkbox"/> Heart valve/repair | <input type="checkbox"/> Intracardiac thrombus |
| <input type="checkbox"/> PE | <input type="checkbox"/> Pulmonary Hypertension | <input type="checkbox"/> Cerebrovascular accident | <input type="checkbox"/> Cardiomyopathy |

Other: _____

Cardioversion/Ablation anticipated, e.g. atrial fibrillation: Yes No Date: ____/____/____

Anticoagulant: Warfarin Warfarin + LMWH/Fondaparinux post-discharge** Warfarin + injectable anticoagulant (LMWH, heparin, Fondaparinux) as per Hematology AC peri-procedural guidelines (for Hematology and Oncology AC clinics only)

Instruct patient to stop enoxaparin when INR is _____

Anticoagulant dose at discharge (if recently hospitalized): _____ Warfarin tablet strength prescribed: _____

Target Range INR: 1.5-2 1.5-2.5 1.8-2.5 2-2.5 2-3 2.5-3 2.5-3.5 3-3.5 3-4 3-4.5 3.5-4.5

Anticipated duration: 3 months 6 months 12 months Indefinite Other: _____
(If other is selected please provide explanation)

Referring Physician Signature _____ Pager # _____ Date: _____ Contact person for scheduling appointment _____ Pager # _____

I authorize the Anticoagulation Clinic to monitor, prescribe, and adjust the patient's anticoagulation therapy based on their applicable policies, procedures and protocols.

The JHOC HEME AC, JHH Onc AC, and JH Bayview service will also act as an agent in prescribing injectable anticoagulants when needed for procedural bridging.

*The Cardiology Anticoagulation Service requires the patient have a JHHS physician

**LMWH = low molecular weight heparin (i.e. enoxaparin, dalteparin)