



Patient Referral Form for Physicians and Nurses
Community Pharmacist-led Anticoagulation Management Service (CPAMS)

Note: Completion of this referral is optional. Patients can also meet with the pharmacist to request enrollment and the pharmacist will collect the required details.

Patient Identification					
Surname:		First name(s)			
Date of Birth:				Age:	
MSI#:					
Street Address:					
City/Town:				Postal code:	
Email:					
Home phone		Cell		Work phone	

Inclusion Criteria (Yes, indicates they are eligible for the program)		
Does the patient have a valid Nova Scotia health card? (check expiry date)	Yes	No
If no, patient would need to pay out of pocket for the service.	Yes	No
Is the patient taking warfarin?	Yes	No

Exclusion Criteria Removed

As of March, 2023 those patients under the age of 18 and/or those living in a long term care facility/home for special care are no long excluded from the program.

Medical Information			
Indication	√	Precautions	√
Atrial Fibrillation		Excess alcohol intake ¹	
Deep Vein Thrombosis		Persistent Unstable INRs	
Pulmonary Embolism		Other	
Tissue Heart Valve			
Mechanical Valve Prothesis			
Mural Thrombus			
TIA			
Myocardial Infarction			
Other:			

¹Statistics Canada defines heavy alcohol consumption as five drinks or more, per occasion, at least once a month during the past year for males, and four or more drinks at least once per month during the past year for females.

Date of Test		Past 5 INR Test Results INR Result		Warfarin Dose	
Physician or Nurse Practitioner Information					
Name:				License #	
Clinic Name:					
Street Address:					
City/Town				Postal code:	
Phone:				Fax #:	
ANTI-COAGULATION CURRENT MANAGEMENT PLAN					
Date:					
Warfarin Dose and Directions:					
Target INR: 2.5 (2.0-3.0) OR 3.0 (2.5 -3.5)					
Required Testing Interval:		q 28 days		Other:	
Pharmacy Name:					
<p>I am referring the patient to the pharmacy named above for participation in the CPAMS program which includes:</p> <ul style="list-style-type: none"> - point of care testing for INR - pharmacist prescribing of dosage adjustments based on test results - pharmacist recommendations for next test interval - notifications to family physician/NPs of test results and current dose for the patient file as required by the Nova Scotia College of Pharmacists Standards of Practice: Prescribing and Standards of Practice: Testing. - pharmacist provision of a dose calendar to the patient and communicating to them any changes in dose and other warfarin management recommendations. 					
<p>_____ I have discussed and received consent from the patient to send this referral</p>					
Signed					
Full Name				Date	