

## PATIENT AGREEMENT FORM



Read this document carefully. The purpose of the document is to assure that you understand your anticoagulation therapy, so that you will take this medication properly. Let us know if you do not understand any part of your anticoagulation therapy. When you have read and understood it, please sign the form. And retain for your records.

<p><b>Dosage Issues:</b></p> <ul style="list-style-type: none"> <li>• It is important that you maintain your Warfarin (Coumadin) dosage as prescribed. Please make sure you are taking the right tablets             <ul style="list-style-type: none"> <li>➤ Milligram dosage</li> <li>➤ Color</li> <li>➤ Number of tablets</li> </ul> </li> <li>• Warfarin should be taken in the evening, at the same time everyday.</li> <li>• If you miss one dose and remember the same day, take it even though it is late. If you remember the next day, take your regular dose plus ½ the dose. If you miss 2 doses for any reason, contact the Anticoagulation Clinic.</li> </ul>	<p><b>Complications:</b></p> <p>Because Warfarin affects the clotting factors of your blood, it is important that you call promptly if any of the following occur:</p> <ul style="list-style-type: none"> <li>➤ Prolonged bleeding (Greater than 10 minutes after apply pressure)</li> <li>➤ Unexplained bruising</li> </ul> <p><b>Call your physician and the AC Clinic if you have any:</b></p> <ul style="list-style-type: none"> <li>➤ Red or dark brown urine</li> <li>➤ Blood or tarry black bowel movements</li> </ul> <p><b>Go directly to the Emergency Room if you have any:</b></p> <p style="padding-left: 20px;"><b>Chest pains, shortness of breath</b></p> <ul style="list-style-type: none"> <li>➤ Unremitting pain in the head, abdomen, or back.</li> </ul>
<p><b>Effect of other Medications:</b></p> <ul style="list-style-type: none"> <li>• Many drugs affect the action of Warfarin; therefore please remind your physician <b>you are taking Warfarin</b>. Check with your pharmacist <b>AND</b> the anticoagulation Clinic Nurse before taking any other medications, including over the counter drugs.</li> <li>• Inform <b>ALL</b> doctors or dentists that you are taking Warfarin</li> <li>• Wear a Medic Alert bracelet or necklace</li> </ul>	<p><b>Effect of Life style:</b></p> <ul style="list-style-type: none"> <li>• Since many factors can affect the action of Warfarin, it is important that you maintain a consistent lifestyle. Key issues are:             <ul style="list-style-type: none"> <li>➤ Eating habits</li> <li>➤ Alcohol consumption</li> <li>➤ Exercise</li> </ul> </li> <li>• Before taking any extended trips, please check with the Anticoagulation Clinic as this may influence your medication availability, scheduled tests, and eating habits.</li> </ul>
<p><b>Monitoring:</b></p> <ul style="list-style-type: none"> <li>• Please report for all INR blood tests at the scheduled times. This blood test is used to monitor the proper Warfarin dosage.</li> <li>• The ability to reach a patient promptly in the event of a dangerously low or elevated INR is absolutely required</li> <li>• There must be a responsible adult (or answering machine) available the date lab work is done.</li> </ul>	<p><b>For Women Only:</b></p> <p><b><u>Coumadin causes birth defects</u></b></p> <p>Inform the Anticoagulation Clinic staff immediately, if you are, or become pregnant.</p>

I have reviewed these points with the Anticoagulation Clinic Nurse Practitioner. I understand the information and its importance. I agree to follow these instructions under my physicians' and nurse's guidance.

Patients signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verbal Confirmation received by Ampla Health staff/Initials: \_\_\_\_\_ Date: \_\_\_\_\_