

# Elizabethtown Family Health Center

## Coumadin Clinic Information

Date of Service: \_\_\_\_\_ MRN #: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

1). What strength of Coumadin are you using? \_\_\_\_\_mg

2). How many Coumadin pills do you take each day of the week?

Sun. \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

3). Have you missed any Coumadin pills in the last week? NO YES

If Yes, Please write down which pills you missed and when: \_\_\_\_\_

4). Are there any new medications, either prescription or over the counter (including vitamins, herbs, aspirin, anti-inflammatory medications or painkillers such as ibuprofen, Motrin, Tylenol, Aleve) you

have started or stopped taking since your last Protime? NO YES

If yes, Please list the new medications below: \_\_\_\_\_

5). Have you had any diet changes since your last Protime (such as eating more green, leafy vegetables containing vitamin K, dieting or using a diet supplement)? NO YES

If yes, Please list them below: \_\_\_\_\_

6). How have you been sleeping lately? \_\_\_\_\_

7). Since your last Protime, have you had any situational changes at work, home, or play that could cause increased emotional or physical stress? NO YES

8). If you regularly take aspirin, anti-inflammatory medications, or painkillers (such as ibuprofen, Motrin, Tylenol, Aleve, Advil), have you changed your dosage since your last Protime? NO YES

If yes, please list the change in medication below:

9). Have you noticed any signs of increased, abnormal, or unusual bruising or bleeding since your last Protime? NO YES

If yes, please describe to the nurse.

FOR OFFICE USE: Vitals: BP \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_

-Counseling and new dosing schedule given.

-Understanding of dosing schedule verbalized by patient.

-Return visit due date communicated to patient.

Nurse Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Recheck in/on: \_\_\_\_\_