So you have been prescribed Warfarin/ Coumadin by the

Anticoagulation Management Team here at Cardiology Associates of Michigan, PC

To help you manage appropriately, you have been given today the following:

- <u>LAB SLIP</u>(calleda standing order) for youto haveyour PTINR checked as often as we direct you to. Do not leave the office today if you do not know when to haveyour labs checked next.
- <u>A PRESCRIPTION</u> will be sent to your pharmacy for you to begin Coumadin; pleasepick it up and begin taking as we have prescribed.
- **<u>COUMADIN AGREEMENT FORM:</u>** please review and sign; keep a copy for yourself
- Please call our office at 586-580-3062 if you have any questions or have not heard from us within 48 hours after having your labs drawn.

Cardiology Associates of Michigan, PC Patient Anticoagulation Agreement

Welcome to our anticoagulation clinic. Your doctor has recommended anticoagulation therapy for you. Warfarin (Coumadin) or Direct-Acting Oral Anticoagulant (DOAC like Eliquis, Xarelto, Savaysa, Pradaxa) help prevent clots from forming in your blood. Harmful blood clots can result in a stroke or damage to very important organs.

These medications are potentially dangerous when used incorrectly or without regular blood tests, warfarin can cause serious side effects. Too much medication could include bleeding more easily or bleeding internally, which in turn can lead to death in some cases. When used correctly and in the right dose, these medications can be a very safe and helpfulfor you.

- This document is an agreement between you and Cardiology Associates of Michigan, P.C. Anticoagulation Clinic. The purpose of this agreement is to improve your adherence to your medication therapy.
- I understand that If I amon Warfarin/Coumadin, I am:
 - o To take my medication as I am instructed by the Coumadin clinic.
 - To have my lab tests done as they are scheduled If I miss more than one lab draw, <u>I may be</u> discharged fromprogram_
 - o I understand that if the Coumadin clinic calls me, I will return the call.
 - I will inform the Coumadin Clinic <u>if I need to stop taking my medication because I am having a</u> <u>medical procedure no matter how big or small.</u>
 - I will inform the Coumadin Clinic immediately if my warfarin dose is altered by any other provider (surgeon, hospital physician, emergency room physician).
 - I will inform the Coumadin Clinic of all the medicines (especially antibiotics), vitamins, anti fungals, dietary supplements and herbal remedies I am taking, including those that are not prescribed by adoctor.
 - I will inform the Coumadin Clinic if I have a problem such as:
 - Bleed from the gums or nose that does NOTSTOP
 - Red or brown urine, Red or black (looks like tar) stools
 - Throwing up blood or anything that looks like "old coffee grounds"
 - Cuts that do not stop bleeding or bruises that grow bigger
 - Very heavy menstrual flow or other vaginal bleeding
 - Severe headaches or feeling unusually lightheaded, dizzy or weak
 - Any falls or hits to the head
 - Miss more than 2 doses during one week
- I will call the Coumadin Clinic if I do not get instructions 48 hours after I have a blood test; I will not have my labs drawn on a Friday unless prior arrangements made.
- I understand that I need to see my Cardiologist at least every 6-12 months.

If I do not follow through with my responsibilities or I do things that are not safe for me because of my medications, the Coumadin Clinic candischarge me.

This means that they will not continue to supply my warfarin and health care advice for anticoagulation treatment, and I will need to make other arrangements with my primary physician. Please call our clinic at 586-580-3062 if you have any further questions.

Patient Name (Please Print)