DARTMOUTH-HITCHCOCK MEDICAL CENTER

DIAGNOSTIC COAGULATION CENTER
Outpatient Consultation Referral Form
Phone: (603) 650-6763 Fax: (603) 650-6786

Referring Provider:	**Patient Name:** Name of Guardian/Parent if <18yo:
Office Phone:	**DOB:**
Office Fax:	**DHMC-MR# (if known):**
Please Note: A secretary from the Diagnostic Coagulation Clinic will contact your patient directly to schedule an outpatient appointment.	**Patient's Daytime Phone number:**
Urgent (Within 10 days) Please call (603) 650-6763. **Ask to speak with the Clinical Nurse Specialist.**	**Stable (Next available)** Please fax this form with all pertinent information.

Reason for consultation: ☐ Hemophilia ☐ Bleeding ☐ Thrombosis ☐ Other

Specific question(s) to be answered?

Please indicate if records are available in Dartmouth-Hitchcock clinical system: ☐ CIS North ☐ CIS South

OR

Please fax copies of the following reports (if available) with this form to **(603) 650-6786**:

- ☐ Patient demographics (**required**)
- ☐ Medication list (**required)**
- ☐ Coagulation office notes (**required**)
- ☐ Coagulation blood work (if done)*
- ☐ Discharge summaries within 5 years
- ☐ Surgical/Trauma Notes
- ☐ MRI / CT Scan Reports
- ☐ Other pertinent studies related to bleeding or thrombosis

We do not recommend performing specialized coagulation blood testing prior to the appointment.However, if tests have been done previously, e.g., factor 8, vWF, protein C & S, factor V Leiden etc., please send us the results. Only **recent INR values are necessary*

Please note: Incomplete or illegible information on this form may delay scheduling your patient for a coagulation consultation. Please let your patient know that if he/she does not hear from us within 5 days to call **(603) 650-6763** for immediate assistance.

Thank you for referring your patient to the DHMC Diagnostic Coagulation Clinic.

DHMC USE ONLY:

☐ Appt scheduled (date) NPW _____ EPF _____ ☐ Pt initially notified of NPW (date) _____

☐ Introduction letter/questionnaire sent (date) _____ ☐ Reminder call for NPW made (date) _____