

## Coumadin Clinic Information

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

What strength of Coumadin are you using? \_\_\_\_\_mg

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

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

Have you missed any Coumadin pills in the last week? \_\_\_\_\_ **NO** \_\_\_\_\_ **YES**

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

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:*

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:*

How have you been sleeping lately?

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**

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:*

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.*

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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:** \_\_\_\_\_