

Community

Anticoagulation

Therapy

Clinic

DOCUMENT TITLE	NUMBER	REV
CAT Clinic Referral Process	6001CATC	0

**PURPOSE** (outline the intent or objective of the document)

To outline the process of referral from a physician to the CAT Clinic

**DEFINITIONS AND ACRONYMS** (provide clear understanding to words, abbreviations that may be ambiguous)

CAT Clinic – Community Anticoagulation Therapy

**PROCEDURE/FLOWCHART** (describe the steps in which work processes are approved; include statements, to the extent necessary, that explain the why, what, when, where, who and how)

Eligibility Criteria

1. Patients must agree to be compliant with instructions provided from the CAT Clinic program members, including appointments and PT/INR checks
2. Patients or family members should have the capacity to understand the patient's condition and implications of anticoagulant therapy.
3. Patients must be willing to be active participants in their health maintenance.
4. Patients must be able to travel to and from appointments and/or the lab.
5. Patients must be accessible by telephone.
6. Patients must have a documented need for anticoagulant therapy.

Referral process

1. A physician in the community refers a patient to the CAT Clinic by completing a "CAT Clinic Referral" form (6001CATC) and sending the requested medical record information.
2. The form must be signed and dated by the physician.
3. The form is faxed to the CAT Clinic.
4. The CAT Clinic Assistant will forward the "Referral" form to the CAT Clinic Nurse Coordinator, who will review the form for completeness.
5. If the CAT Clinic Nurse Coordinator identifies the referral to be incomplete, she will contact the referring physician for the needed information.
6. Upon approval of the referral the CAT Clinic Assistant will contact the patient and schedule an appointment for an initial visit.
7. The referring physician is responsible for dosing warfarin until the patient's first appointment at the clinic.
8. The CAT Clinic Assistant will send an Introduction Letter (4501CATC) to the patient prior to the first appointment.

**RECORDS** (results or evidence of work performed)

Referral Form 6002CATC  
Introduction Letter 4501CATC

REVISION HISTORY			
Rev	Description of Change	Approval	Date
0	Initial document	J. Levett, MD	12/16/05