

Dr. N. Elmazariky, MBChB (MD), FRCPC · Thrombosis Medicine

Thrombosis Clinic Referrals

Discharging a patient with a clot or an anticoagulation problem? Fax us — we take over their thrombosis care.

FAX REFERRALS TO

905-827-2275

QUESTIONS

905-825-8272 ext 2

Urgent · seen within 1–2 weeks

- Acute pulmonary embolism / VTE
- Acute dural sinus thrombosis
- Non-major bleeding on anticoagulants
- New diagnosis of atrial fibrillation
- Patients on parenteral anticoagulation

Semi-urgent · seen within 2–4 weeks

- Deep vein thrombosis
- Superficial vein thrombosis
- Portal vein thrombosis
- Peri-operative anticoagulation, surgery within 1 month

Non-urgent · seen within 2–4 months

- AF / chronic anticoagulation monitoring
- Choice or switch of anticoagulant
- Peri-procedural anticoagulation interruption
- Duration of anticoagulation, incl. VTE prophylaxis
- Thrombophilia or secondary work-up

Please send with the referral

- Imaging report confirming the thrombosis
- Anticoagulant started, with dose
- Recent bloodwork, if available

We take over

- Anticoagulation prescriptions
- Bloodwork and imaging
- Side effects, bleeding or intolerance

Confirmed thrombosis required. We don't follow stable INRs, but are happy to consult on out-of-range INRs or alternatives to warfarin.

Virtual assessments and virtual follow-up available.

Thrombosis Clinic Referral Form attached — see next page

Thrombosis Clinic Referral

905-827-2275

Vascular Health Bronte · Suite 450 – 2525 Old Bronte Road, Oakville, ON L6M 4J2

Phone 905-825-8272 ext 2

Patient

Name _____ Date of birth (YYYY-MM-DD) _____

Health card # / version _____ Phone _____

Address _____

☐ Virtual assessment only (virtual assessments and virtual follow-up are available)**Reason for referral** check all that apply**URGENT · seen within 1–2 weeks**☐ Acute pulmonary embolism / VTE☐ New diagnosis of atrial fibrillation☐ Acute dural sinus thrombosis☐ On parenteral anticoagulation☐ Non-major bleeding on anticoagulants**SEMI-URGENT · seen within 2–4 weeks**☐ Deep vein thrombosis☐ Portal vein thrombosis☐ Superficial vein thrombosis☐ Peri-operative anticoagulation, surgery within 1 month**NON-URGENT · seen within 2–4 months**☐ AF / chronic anticoagulation monitoring☐ Duration of anticoagulation (incl. VTE prophylaxis)☐ Choice / switch of anticoagulant (warfarin, DOAC, triple)☐ Thrombophilia or secondary work-up☐ Peri-procedural anticoagulation interruption☐ Other: _____**Diagnosis and treatment**Confirmed by: ☐ Ultrasound / Doppler ☐ CT ☐ V/Q ☐ ECG / Holter (AF) Date _____Anticoagulant started: ☐ None ☐ Apixaban ☐ Rivaroxaban ☐ Edoxaban ☐ Dabigatran ☐ LMWH ☐ Warfarin

Dose / frequency _____ Start date _____

Relevant history (bleeding risk, renal function, pregnancy, cancer...) _____

Attached: ☐ Imaging report (required) ☐ Bloodwork (CBC, creatinine) ☐ ED / consult note ☐ ECG**Referring physician**

Name _____ OHIP billing # _____

Clinic / hospital _____ CPSO # _____

Phone _____ Fax _____

Family physician (if different) _____

Signature _____ Date _____