

Dear Doctor:

You may refer your patient for initiation of LWMH to the Shoppers Drug Mart North Hill, where the pharmacists have completed additional training. In a consult with no charge to the patient, they will:

- Initiate LWMH therapy x 10 weeks (pharmacist to assess and prescribe)
- Train the patient to self-administer, using a bruiseless injection technique.
- Follow up by phone the next day on comfort with self-injection and screen for heparin-induced thrombocytopenia after 14 days

Patients can be seen at any time; 24 hours/day. Complete this form and transmit by fax to utilize this service.

### Thromboprophylaxis in Pregnancy Requisition. Fax to: 403-210-2845

Patient Name:	Shoppers Drug Mart North Hill Centre, Open 24 Hours
DOB:	1790 14 <sup>th</sup> Ave NW, Calgary AB
PHN:	Phone: 403-289-6761
Patient Phone #:	Fax: 403-210-2845
Family Physician:	at Lions Park C-Train station
Fax #:	

Please indicate which of the following apply to your patient:

	Yes	No
Has a thrombophilia screen been done?		
Personal history of a previous unprovoked VTE	<input type="checkbox"/>	
Personal history of a previous VTE related to oral contraceptives or pregnancy	<input type="checkbox"/>	
Personal history of a previous provoked VTE and any thrombophilia	<input type="checkbox"/>	
Asymptomatic homozygous factor V Leiden or homozygous prothrombin gene mutation 20210A	<input type="checkbox"/>	
Asymptomatic combined thrombophilia	<input type="checkbox"/>	
Asymptomatic antithrombin deficiency	<input type="checkbox"/>	
Personal history of a previous VTE and a high-risk thrombophilia (antithrombin deficiency, antiphospholipid syndrome) not previously on anticoagulation	<input type="checkbox"/>	
Personal history of a previous unprovoked VTE while on chronic anticoagulation prior to pregnancy	<input type="checkbox"/>	