

Health Call INR Monitoring Registration Form

Patient Surname: _____ Patient Forename: _____

Gender: M/F DOB: _____ NHS No. _____

Address: _____ Postcode: _____

Referred by: _____ Clinic/Team Tel. no. _____

Tel: No. to be used for contacting patient. _____
(one number only, landline or mobile)

GP and Surgery: _____

Preferred time of first phone call: _____

Preferred time for second phone call _____

(please note: weekly or bi-weekly monitoring will be required during pilot period)

Checklist

Patient Information and Consent Form provided	Y/N
Consenting to use the equipment	Y/N
Consenting to share personal information	Y/N
Letter to GP re Patient participation in Health Call	Y/N
Serial Number of CoaguChek machine	

Training of Patient

Date 1	Completed Y/N
Date 2	Completed Y/N

Comments