

**Clinical Pharmacy Services**

400 Celebration Place, Ste A110, Celebration, FL 34747

Phone: 407-303-4639 • Fax: 407-303-4519

[www.floridahospital.com/celebration-health/general-health/clinical-pharmacy-services/coumadin-clinic](http://www.floridahospital.com/celebration-health/general-health/clinical-pharmacy-services/coumadin-clinic)

Fax

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| --- | --- | --- | --- |
| **To:** |  Dr.       | **From:** | Medication Management Clinic at Celebration Health |
| **Fax:** |  | **Pages:** | 2 including cover sheet |
| **Phone:** |       | **Date:** |  |
| **Re:** | MM Enrollment  | **Pt:** |  (DOB:) |

🞎 Urgent 🞎 For Review 🞎 Please Comment **🗹** Please Reply 🞎 Please Recycle

Dear Doctor:

Your patient  dob:was recently hospitalized at Florida Hospital. Celebration Health recommends following up with the Medication Management Clinic for up to 30 days post-discharge for recently hospitalized patients. The goal of this clinic is to **optimize medication use, improve medication safety and facilitate physician follow-up** as the patient transitions from the hospital to outpatient care. The initial visit with our pharmacist-led service is typically an hour to assure a thorough medication history is obtained and assessed as well as extensive patient education provided. You will receive a faxed summary of each patient visit to the clinic.

Attached is the Medication Management Clinic enrollment form. Please **complete and fax the one-page enrollment form** to 407-303-4519. We recognize there are many factors taken into consideration when medical decisions are made, many of which may be unavailable to us. We have encouraged the patient to schedule a follow-up appointment with you to discuss their medications and recent hospital stay. Please feel free to contact us with any questions or concerns at 407-303-4639. Thank you for allowing us to participate in this patient’s care.

Thank you,

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**Medication Management Clinic Enrollment Form**

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| --- |
| **Patient Information** |
| Patient name:  | DOB:  |
| Insurance information:  | Phone:  |
| **Referring Physician Information** |
| Physician printed name:  | NPI:  |
| Physician Phone:  | Physician Fax:  |
| **Reason for Referral:** |
| **[ ]**  **Recent Hospital Stay**: | Discharge Date (if known):  |       |
| Primary Diagnosis: |       |
| **[ ]**  **Complex Medication Regimen:**  | Explain:       |
| [ ]  **Medication Education:** | Explain:       |
| [ ]  **Pre/Post-Surgery Med Reconciliation:** | Explain:       |
| [ ]  **Smoking Cessation Follow-up:**  (must provide primary diagnosis) | Primary Diagnosis: |       |
| [ ]  **Other:** | Explain:       |
| **Specific Goals or Specific Areas of Concern (optional):** |
|  |
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| **Anticipated Duration of Therapy:** |
| Patients will be followed by MM for at least 30 days post-discharge, or as appropriate.  |
| **Initial Enrollment** |
| Patients will be followed by the Medication Management Clinic for at least 30 days after a hospital discharge or as appropriate to facilitate a safe transition between patient care settings or levels of care. This provides an opportunity for patients to discuss their medications, lab work, and follow-up appointments and have any remaining questions answered. The below signature indicates agreement to MM policies and procedures (available upon request).  |
|  **Physician’s signature** (required) | **Date** | **Comments** |
|  |  |  |

\*Attach any supporting documentation that maybe helpful in processing this enrollment and facilitating patient care**.**

**Please note:** The current prescriber is responsible for the management of the patient’s therapy until he/she is seen in the MM Clinic.