



Patient Screening and Referral Form

PATIENT NAME	AGE
PHONE NUMBER	EMAIL
DRUG REGIMEN	CHA ₂ DS ₂ -VASc
Patient has Non-Valvular A Patient has an increased of See table on back page. Patient has an appropriate Specific factors may include History of bleeding or History or risk of falls Documented poor cor Inability or difficulty or Increased bleeding risk (e.g., thrombocytopen systemic anticoagulat Occupation/lifestyle to Severe renal failure Avoidance of triple the Other situations for well as a single page.	e rationale to seek a non-pharmacologic alternative to OACs. le one or more of the following: increased bleeding risk (See HAS-BLED table on back page.) Inpliance with OAC therapy naintaining therapeutic range k not reflected by the HAS-BLED score ia, cancer, or risk of tumor associated bleeding in case of ion) Inat puts patient at an increased bleeding risk Perapy after PCI or TAVR Inhich OAC is inappropriate gimen not compatible with oral anticoagulant therapy
REFERRING PHYSICIAN'S NAME	
CENTER NAME	
PHONE NUMBER	EMAIL



CHA₂DS₂-VASc Score (thrombo-embolic risk assessment)^a

	Condition	Points
C	Congestive heart failure	1
Н	Hypertension (SBP > 160)	1
А	Age ≥ 75 years	2
D	Diabetes mellitus	1
S ₂	Prior stroke, TIA, or thromboembolism	2
V	Vascular disease (PAD, MI)	1
А	Age 65-74 years	1
Sc	Sex category (Female)	1
Total	Points	

Score	Yearly Stroke Risk (%)
	No Warfarin
0	0
1	1.3
2	2.2
3	3.2
4	4.0
5	6.7
6	9.8
7	9.6
8	6.7
9	15.2

HAS-BLED Score (bleeding risk assessment)^c

	Condition	Points
Н	Hypertension	1
Α	Abnormal renal/liver fuction (1 pt each)	1 or 2
S	Stroke	1
В	Bleeding history or disposition	1
L	Labile INR	1
Е	Elderly (e.g. age > 65 years)	1
D	Current drugs (medication) or alcohol use (1 pt each)	1 o 2
Total	Points	

Score	Yearly Major Bleeding Risk (%)*
0	1.13
1	1.02
2	1.88
3	3.74
4	8.70
5+	12.5

References

a. CHA, DS, -VASc: Chest. 2010;137(2):263-272.

b. Warfarin Stroke Reduction: Ann Intern Med. 2007;146:857-867.

c. HAS-BLED: Chest. 2010;138(5):1093-1100.

*Major Bleed = ICH or bleeding resulting in a hospitalization, a hemoglobin drop > 2 g/dL, or a blood transfusion. NOTE: A high HAS-BLED score is ≥ 3 .



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