

## WATCHMAN Referral Form

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

DRUG REGIMEN \_\_\_\_\_ CHA<sub>2</sub>DS<sub>2</sub>-VASc \_\_\_\_\_

YES NO

☐ ☐

Patient has Non-Valvular Atrial Fibrillation (NVAF)

☐ ☐

Patient has an increased risk for stroke and is recommended for oral anticoagulation (OAC)

*CHA<sub>2</sub>DS<sub>2</sub>-VASc of  $\geq 2$  (or CHA<sub>2</sub>DS<sub>2</sub>-VASc of  $\geq 3$  for Medicare patients). See table on back page.*

☐ ☐

Patient is suitable for short-term warfarin therapy but deemed unable to take long-term OAC

☐ ☐

Patient has an appropriate rationale to seek a non-pharmacologic alternative to warfarin.  
Specific factors may include one or more of the following:

- ☐ History of bleeding or increased bleeding risk (See HAS-BLED table on back page.)
- ☐ History or risk of falls
- ☐ Documented poor compliance with OAC therapy
- ☐ Inability or difficulty maintaining therapeutic range
- ☐ Increased bleeding risk not reflected by the HAS-BLED score  
(e.g., thrombocytopenia, cancer, or risk of tumor associated bleeding in case of systemic anticoagulation)
- ☐ Occupation/lifestyle that puts patient at an increased bleeding risk
- ☐ Severe renal failure
- ☐ Avoidance of triple therapy after PCI or TAVR
- ☐ Other situations for which OAC is inappropriate
- ☐ Drug or medication regimen not compatible with oral anticoagulant therapy

REFERRING DR. \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

### CHA<sub>2</sub>DS<sub>2</sub>-VASc Score (Stroke Risk)<sup>a</sup>

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

Score	Yearly Stroke Risk (%)		
	No Warfarin	With Aspirin <sup>b</sup>	With Warfarin <sup>b</sup>
0	0	0	0
1	1.3	1.0	0.5
2	2.2	1.8	0.8
3	3.2	2.6	1.1
4	4.0	3.2	1.4
5	6.7	5.4	2.3
6	9.8	7.8	3.4

### HAS-BLED Score (Bleeding Risk with Warfarin)<sup>c</sup>

	Condition	Points
H	Hypertension	1
A	Abnormal renal/liver function (1 pt each)	1 or 2
S	Stroke	1
B	Bleeding history or disposition	1
L	Labile INR	2
E	Elderly (e.g. age > 65 years)	1
D	Current drugs (medication) or alcohol use (1 pt each)	1 or 2
<b>Total Points</b>		

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

#### References

- a. CHA<sub>2</sub>DS<sub>2</sub>-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.

#### Formal Shared Decision Making

The patient must have a formal shared decision making interaction with an independent, non-interventional physician using an evidence-based decision tool on oral anticoagulation in patients with NVAf prior to LAAC. Additionally, the shared decision making interaction must be documented in the medical record. THIS IS NOT A FORMAL SHARED DECISION MAKING DOCUMENT AND CANNOT BE USED FOR RECORDING THE SHARED DECISION MAKING INTERACTION.