|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | | | **Sex:**  **□ Male □ Female** | | | | **DOB** | | | **MD** | | | **Insurance** | |
| **Current Alzheimer medication:**  None  Aricept  Cognex  Exelon  Namenda  Razadyne | | | | | | | | | | | | | | | |
| **Current Anticoagulation:**  None Coumadin Pradaxa (Dabigatran)  Eliquis (Apixaban) Savayesa (Edoxaban) Xarelto (Rivaroxaban) | | | | | | | | | | | | | | | |
| **Current Antiplatelet:** None Plavix (Clopidogrel) Brilinta (Ticagrelor)  Effient (Prasugrel)  Ticlid (Ticlopidine) Zontivity (Vorapaxar) ASA Dose: \_\_\_\_\_ | | | | | | | | | | | | | | | |
| **Current use of NSAIDS (OTC or RX):** Name: Dose Frequency: | | | | | | | | | | | | | | | |
| **History of reaction or allergy to contract dye:**  Yes  No  **Known history of sensitivity to or allergy to nickel:** Yes  No | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **CHA2DS2VASc Score: \_\_**  **Stroke Risk: \_\_\_\_\_\_\_** | | CHF (1) | | | | HTN (1) | DM (1) | | | Stroke, TIA, or Thrombembolism (2) | | | | | |
| 65-74 (1) | | | | ≥ 75 (2) | Female (1) | | | Prior MI, PAD or Aortic Plaque (1) | | | | | |
| If yes for CHF: NYHA classification is  I  II III IV | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **HAS-BLED Score: \_\_\_\_\_\_**    **Yearly Major Bleeding Risk (%): \_\_\_\_\_\_\_** | HTN (1) | | | | Abnormal  Renal Fx (1) | | | | Abnormal  Liver Fx (1) | | | Stroke (1) | | | |
| Bleeding History (1) | | | | Labile INR (1) | | | | Elderly (e.g. age >65 years) (1) | | | Current Antiplatelet or NSAIDs (1) | | | |
| Current excess Alcohol or  drug use (1) | | | |
| **Eligibility:** | | | | | | | | | | | | | **Yes** | | **No** |
| Increased risk for stroke and systemic embolism based on CHA2DS2VASc score ≥ 3and recommended for anticoagulation therapy | | | | | | | | | | | | |  | |  |
| Patient is able to take short term Coumadin, but deemed unable to take long term oral antiacoagulation (appropriate rationale to seek a non-pharmacologic alternative to Coumadin) | | | | | | | | | | | | |  | |  |
| Patient is able to take Plavix and aspirin | | | | | | | | | | | | |  | |  |
| Therapeutic options and risks/benefits have been discussed with the patient including but not limited to estimated stroke risk and estimated bleed risk | | | | | | | | | | | | |  | |  |
| **Not Eligible:** | | | | | | | | | | | | | **Yes** | | **No** |
| 1. Current Thrombus | | | | | | | | | | | | |  | |  |
| Mechanical Valve \_\_\_\_\_\_ Prior atrial septal repair or device \_\_\_\_\_\_\_  or other anticoagulation indication such as DVT \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  | |  |
| Based on the above assessment, I believe this patient to be a candidate for the Watchman Device.  **MD** Signature: Date: | | | | | | | | | | | | | | | |
| Patient Expressed Preference | | | Proceed  Think Over  Declines | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |