

Patient Screening and Referral Form

PATIENT NAME _____ DOB _____

PHONE NUMBER _____ EMAIL _____

DRUG REGIMEN _____ CHA₂DS₂-VASc _____

If you answer NO to any of the four criteria below, the patient does not meet the WATCHMAN implant eligibility requirements.

YES NO

- 1 Patient has Non-Valvular Atrial Fibrillation (NVAF)
- 2 Patient has an increased risk for stroke and is recommended for oral anticoagulation (OAC)
CHA₂DS₂-VASc of ≥2 (or CHA₂DS₂-VASc of ≥3 for Medicare patients). See table on back page.
- 3 Patient is suitable for short-term oral anticoagulant therapy but deemed unable to take long-term OAC
- 4 Patient has an appropriate rationale to seek a non-pharmacologic alternative to OACs.
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 _____

EMAIL FORM

CLEAR FORM

CHA₂DS₂-VASc Score (Stroke Risk)^a

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

Score	Yearly Stroke Risk (%)		
	No Warfarin	With Aspirin ^b	With Warfarin ^b
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)^c

	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
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. CHA₂DS₂-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.

Please visit watchman.com/hcp for complete warnings, precautions and instructions for use.