

Warfarin Care Clinic Charter

Acceptance Form

Please refer to the **QML Pathology Warfarin Care Clinic Charter** and the **SMS Notification Service - Acknowledgements and Consents** (on the back of the Charter) that was included in your New Patient Pack, this is also available on the QML Pathology website > I am a Patient > Warfarin Care Clinic.

Please complete and sign below, then hand this form to the collector at your next blood test.

Remember: Tick question 7 on the request form to ensure it is forwarded to the Warfarin Clinic.

CONFIRM YOUR CONTACT DETAILS AND NOMINATE FOR SMS OF RESULTS

Patient information

QML Pathology Reference Number	
Mobile Number	SMS of results? YES / NO (please circle)
Given Name	
Surname	
Email Address	

Carer/guardian information (if applicable)

Name of carer/guardian (if preferred)	
Relationship to you	
Nominated Mobile No.	Patient / Carer (please circle)
Email Address	

I _____ (full name) have read and understood the information explained in the "Warfarin Charter and SMS Notification Services".

Signed: _____

If you choose to receive your results via SMS please be advised that the SMS service is not a means for you to provide information or ask questions as the reply message is automated and not read by staff. If you need to communicate any new information, contact the Warfarin Care Clinic by phone or email.

WHEN COMPLETED

Hand this form to the collector at your next INR test, making sure you mark question 7 on your request form as **'Yes'** so the Warfarin Care Clinic team are alerted to your request and sign you up for SMS results,

OR Post this form to **QML Pathology, Warfarin Care Clinic, PO Box 2280, Mansfield, QLD, 4122**

OR email the completed form to **warfarincare@qml.com.au**

INSTRUCTIONS FOR QML PATHOLOGY COLLECTION STAFF

- 1: Check all information is completed.
- 2: Mark question 7 on the QML Pathology request form.
- 3: Scan this form as an attachment to the QML Pathology request form.
- 4: If there is no current INR then forward form directly to the Warfarin Clinic via internal mail or fax to **07 3121 4335**.