Initial Questionnaire

Record ID _____

First Name _____

Last Name _____

Date of Birth _____

Phone Number of Patient _____

Home Address _____

Patient's Primary Care Physician _____

Healthcare Facility _____

Treating Physician(s) _____

Physician Contact Number _____

Date of Presentation _____

Current Clinical Status
- ◯ ICU
- ◯ Hospitalized (floor)
- ◯ Discharged
- ◯ Left AMA
- ◯ Managed outpatient
- ◯ Deceased

Initial INR _____

Treatment _____

On warfarin?
- ◯ Yes
- ◯ No
- ◯ Don't Know

Explain _____

Other exposure to rodenticide or anticoagulant?
- ◯ Yes
- ◯ No
- ◯ Don't Know

Explain _____

Synthetic cannabinoid use?
- ◯ Yes
- ◯ No
- ◯ Don't Know

Donated blood or plasma in the past 6 months?
- ◯ Yes
- ◯ No

Where did they donate blood or plasma? _____

When did they last donate? _____

What did they donate?
- ☐ Blood
- ☐ Plasma

Toxicology screen run?
- ◯ Yes
- ◯ No

WPC contacted?

◯ Yes
◯ No

Additional Comments