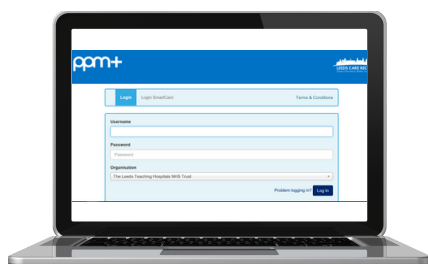


The Updated DOAC Counselling Checklist eForm Is Now Available on PPM+



The **DOAC Counselling Checklist eForm** has been updated to be more user friendly.

The new **eForm** can be used for **wider indications for initiating a DOAC** with the aim to improve the uptake of patient's being counselled in a similar format.



DOAC Counselling Checklist

ZZZTEST, Epr Testing (Mr) Born 05-Nov-1985 (37y) Gender Male NHS number

Address No Fixed Abode, ZZ99 3VZ PMS number

Anticoagulation Counselling Checklist

This patient has been commenced on a DOAC (Direct Oral Anticoagulant) and has been provided with written information, patient alert card and an initial prescription for a minimum of 28 days. Advice on further information can be found at Thrombosis UK, AF association.

The following has been discussed:

Primary indication of DOAC *

- AF
- DVT
- PE
- LV Thrombus (For cardio use only)

Selected DOAC *

- Apixaban
- Dabigatran
- Edoxaban
- Rivaroxaban

How the chosen DOAC works: *

Discard Submit