

History and Physical for Clinic Follow-up

Patient name: _____ Date: _____

1. Ensure informed consent and accurate contact information
2. Diagnosis:
3. Subjective:
4. Rivaroxaban compliance
 - a. BID or QD
 - b. Pill shape (round or triangles)
 - c. Any missed doses? Y N
 - d. Time of day taking pill(s):
 - e. Pill count correct? Y N
 - f. Pharmacy: _____
 - g. Problems getting drug Y N
5. Symptoms of VTE recurrence
 - a. Shortness of breath Y N
 - b. Chest pain Y N
 - c. Leg swelling Y N
6. Signs of bleeding
 - a. Nose Y N
 - b. Gums Y N
 - c. Urine Y N
 - d. Stool Y N
 - e. Skin Y N
7. Sites of new pain since starting medicine _____
8. New symptoms since starting medicine _____
9. Physical exam
 - a. General/Vital signs
 - b. Skin
 - c. Mouth
 - d. Heart sounds
 - e. Lung sounds
 - f. Musculoskeletal
 - g. Villalta Score
10. Surveys
 - a. SF-36
 - b. Kubo NYHA
 - c. VEINES QOL
11. Assessment/Plan
12. Instructions
 - a. Schedule six month return in advance of stopping meds
 - b. Call us if you think you are bleeding or have a new clot
 - c. Do not stop medicine unless a doctor says to
 - d. Ensure they have Xarelto patient information packet
 - e. Contraception for women of child bearing age
 - f. Decision to continue or stop meds will be made at six month visit
13. Any other points the patient wishes to make: