

Dr. Anand Balasubramanian MD PA
Primary Care & Internal Medicine
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Warfarin (Coumadin) is a life saving drug. When used correctly and under close supervision, warfarin can prevent blood clots from forming in your blood stream. Harmful blood clots can result in a stroke or damage to vital organs. If you have a stroke you may no longer be able to walk, use your arms or hands, speak, or even think properly. If the blood clot is large or the damage severe, you may die.

Warfarin is a potentially dangerous medication. When used incorrect or without regular blood tests, warfarin can cause serious side effects. Too much warfarin can cause you to bleed more easily. You may even bleed internally. If you loose too much blood or you bleed inside your head, you may die.

When used correctly and in the right dose, warfarin therapy can be made much safer. Working closely with you, we can determine the best dose of warfarin for you. Every person is different and the dose of warfarin you need will change from time to time. For these reasons, it is very important that we see you every few weeks and perform blood tests regularly.

This document is a non-binding contract between _____ and Dr. Anand Balasubramanian MD PA.

The purpose of this contract is to improve your adherence to warfarin therapy and recommended clinic visits. To accomplish this goal, the following promises have been made:

_____ promises to:

NEGOTIATED BEHAVIORS

- 1) keep appointments. If I can not keep my appointment it is my responsibility to call 281-893-8100 to reschedule. If I miss two appointments in the next 12 months, I understand that I will be discharged from the anticoagulation clinic and will need to have someone else follow my warfarin therapy.
- 2) take my medication(s) regularly. I will inform you if I miss taking any of my medication or have difficulty taking warfarin as prescribed. If I do not make a reasonable effort to adhere to my medical regime, I understand that I will be discharged from the anticoagulation clinic.
- 3) answer questions truthfully and completely.
- 4) carry or wear, at all times, a card or item of jewelry which states that I take warfarin.
- 5) abstain from drinking alcoholic beverages. I understand that drinking more than 2 bottles (12 ounces) of beer, 2 glasses (5 ounces) of wine, or 4 ounces of hard liquor in a 24 hour period may adversely affect my warfarin therapy.

Frazier-Hart Cardiovascular promises to:

NEGOTIATED BEHAVIORS

I, _____, have explained this contract to _____. I have informed him/her of the benefits and risks of anticoagulation therapy. Unless otherwise stated in this document, I believe the patient understands this document and the responsibilities outlined in this agreement.

Signature: _____ Date: _____

I, _____, have read this document or have had its contents explained to me. I understand that I am responsible for assisting my caregivers in maintaining my health and will abide by the terms of this agreement. I have received a copy of this document. I understand that if I am unsatisfied with the care provided I am free to seek an alternative provider. I enter into this agreement freely. I understand that my care will not be jeopardized if I refuse to sign this document.

Signature: _____ Date: _____