

Practice Name	Note: This sheet is not for entering data on your computer, it is only for printing and completing by hand. Once you have done this, enter your data on the appropriate data collection form.												
Review Date- please type date beside each individual record for current month	Patient	Ethnicity Please choose from one of the following options: Ethnic Group code 1-European 2-Maori 3-Pacific Peoples 4-Asians 5-Middle Eastern/Latin American/African 6-Other Ethnicity 9-Residual Categories	Is there evidence that the last advice on warfarin dosing given to patient followed current local guidelines?		Is there evidence that the last advice on the interval for blood testing given to the patient followed current local guidelines?		Since the last blood test, has the patient been taking the correct dose as ordered by the treating GP?		Has the INR been taken within 7 days of planned repeat INR?		Is it recorded that patient has received education about warfarin in the last 12 months?		Comments
	1		Y	N	Y	N	Y	N	Y	N	Y	N	
	2		Y	N	Y	N	Y	N	Y	N	Y	N	
	3		Y	N	Y	N	Y	N	Y	N	Y	N	
	4		Y	N	Y	N	Y	N	Y	N	Y	N	
	5		Y	N	Y	N	Y	N	Y	N	Y	N	
	6		Y	N	Y	N	Y	N	Y	N	Y	N	
	7		Y	N	Y	N	Y	N	Y	N	Y	N	
	8		Y	N	Y	N	Y	N	Y	N	Y	N	
	9		Y	N	Y	N	Y	N	Y	N	Y	N	
	10		Y	N	Y	N	Y	N	Y	N	Y	N	