

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

Please fax to Public Health Madison & Dane County at (608) 266-4858, and the Wisconsin Bureau of Occupational Health at (608) 267-4853