McLaren
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McLaren Cardiac and Thoracic Surgery ⍰ Michigan Heart Valve Institute
Phone (810)-342-2590 Fax (810)-342-2591

LAAC Device: WATCHMAN™ Pre Procedure Assessment & Eligibility Form

PATIENT INFORMATION

Name: _____ DOB: _____ Sex: ☐M ☐F Home Phone: _____
Address: _____ Alt/Cell Phone: _____
Referring Physician:_____ PCP: _____ Cardiologist: _____
Allergies: ☐NKA **Latex:** ☐ YES ☐ NO **Contrast dye:**☐ Yes ☐ No **Nickel:** ☐Yes ☐No

_____

INSURANCE

Insurance #1: _____ Contract# : _____
Insurance #2: _____ Contract# : _____
Authorization #: _____

MEDICATION ASSESSMENT

Current Alzheimer: ☐None ☐Aricept ☐Cognex ☐Exelon ☐Namenda ☐Razadyne

Current Anticoagulation: ☐ None ☐Coumadin ☐Eliquis (Apixaban)
☐Pradaxa (Dabigatran) ☐Savayesa (Edoxaban) ☐Xarelto (Rivaroxaban)

Current Antiplatelet: ☐None ☐Plavix (Clopidogrel) ☐Brilinta (Ticagrelor) ☐Effient (Prasugrel)
☐Ticlid (Ticlopidine) ☐Zontivity (Vorapaxar) ☐ASA Dose: _____

Current use of NSAIDS (OTC or RX): Name: Dose Frequency

Other Medications: ☐ See attached medication list

RISK SCORING

CHA2DS2VASc Score: ____	☐CHF (1)	☐ HTN (1)	☐DM (1)	☐ Stroke, TIA, or Thrombembolism (2)
Stroke Risk: _____	☐65-74 (1)	☐ ≥ 75 (2)	☐ Female (1)	☐ Prior MI, PAD or Aortic Plaque (1)
If yes for CHF: NYHA classification is ☐ I ☐II ☐III ☐IV				

HAS-BLED Score: ___	☐ HTN (1)	☐Abnormal Renal/liver function (1pt ea.)	☐ Stroke (1)	☐Current drugs (Antiplatelet or NSAIDs) or alcohol use (1pt ea.)
Bleed risk: ____	☐ Labile INR (1)	☐Bleeding History or disposition (1)	☐ Age > 65 (1)	

RATIONALE: Patient has an appropriate rationale to seek a non-pharmacologic alternative to warfarin:

☐ History of bleeding (eg. Intracerebral, subdural, GI, retro-peritoneal)
☐ Documented poor compliance with anticoagulant therapy
☐ Inability or significant difficulty maintaining therapeutic range
☐ Occupation/ lifestyle with increased bleeding risk
☐ Need for prolonged dual anti platelet therapy
☐ Increased bleeding risk (eg. Thrombocytopenia, cancer, or risk or tumor associated bleeding in case of systemic anticoagulation)
☐ Severe renal failure
☐ High risk of recurrent falls
☐ Cognitive impairment
☐ Intolerance oral anticoagulation
☐ Other situations for which anticoagulation is inappropriate
_____

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PT.
MR.#/P
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PROCEDURAL ELIGIBILITY

Patient has non Valvular Atrial Fibrillation (NVAF)	☐YES ☐NO
Patient has an increased risk for stroke and systemic embolism based on **CHA2DS2VASc score ≥ 3** and can be recommended for anticoagulation therapy	☐YES ☐NO
Patient is suitable for short-term Coumadin (Warfarin) therapy but deemed unable to take long term anticoagulation therapy	☐YES ☐NO
Patient Is currently on anticoagulation therapy (AC), and it is currently on hold (If AC is on hold by an outside provider, a note from that provider is required)	☐YES ☐NO
Patient is able to take Plavix and aspirin	☐YES ☐NO
Therapeutic options and risks/benefits have been discussed with the patient including but not limited to estimated stroke risk and estimated bleed risk	☐YES ☐NO

PROCEDURAL EXCLUSIONS:

Current Thrombus	☐YES ☐NO	Prior atrial septal repair or device	☐YES ☐NO
Prior Mechanical Valve	☐YES ☐NO	Other anticoagulation indication such as DVT	☐YES ☐NO
Women pregnant or planning to become	☐YES ☐NO		

DECISION

☐ **Shared decision documented with independent, non-implanting physician: _____**
(physician name)

☐ **Based on the above assessment, I believe this patient to be a candidate for the Watchman Device.**

_____ _____ _____
Physician Signature Physician Printed Name Date/ Time

PT.
MR.#/P
DR.