

Anticoagulant Alert Card



This patient is taking anticoagulant therapy

This card should be carried at all times and shown to health care professionals

Name:

Address:

Postcode:

Telephone:

CHI Number:

Emergency contact:

Details of anticoagulant therapy:

Name of anticoagulant:

Dose:

Condition being treated:

Date treatment started:

Duration of treatment:

GP contact details: