

STROKE PREVENTION CLINIC REFERRAL FORM

PATIENT _____ PHONE NO. TO REACH PATIENT _____
 REFERRING PHYSICIAN _____ OHIP BILLING NO. _____
 REFERRING PHYSICIAN SIGNATURE _____
 DIAGNOSIS _____
 DATE OF EVENT _____



Please attach a brief description of the TIA event and relevant medical history to this referral form.

NOTE: INCOMPLETE REFERRAL FORMS WILL NOT BE TRIAGED AND WILL BE RETURNED TO REFERRAL SOURCE

Time Of Onset To Presentation <input type="checkbox"/> 48 hours or less <input type="checkbox"/> more than 48 hours	Duration Of Symptoms <input type="checkbox"/> Less than 10 minutes <input type="checkbox"/> 10-59 minutes <input type="checkbox"/> More than 60 minutes
Clinical Features (Please check <u>all</u> that apply)	
<input type="checkbox"/> Speech Disturbance	
<input type="checkbox"/> Unilateral Weakness	<input type="checkbox"/> Face <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/> Unilateral Sensory Symptoms (must affect two contiguous segments)	<input type="checkbox"/> Face <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/> Visual Loss	<input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/> Vertigo (especially if non-positional &/or accompanied by any of diplopia, dysarthria, dysphagia or limb/gait ataxia)	
<p>Note: If neurological symptoms are not listed above, consider referral to general neurology</p>	

Risk Assessment For Patients Presenting To The Emergency Department

Time Of Onset	Clinical Features	Risk Category	Investigations	Action
48 hours or less	Any transient clinical features listed above or persistent stroke symptoms	EMERGENT	<input type="checkbox"/> Unenhanced CT Head with CTA arch to vertex investigation <input type="checkbox"/> EKG	1. Initiate appropriate antiplatelet/ anticoagulant if indicated
More than 48 hours	Any clinical feature listed above	URGENT	<i>(please indicate completed investigations)</i>	2. Refer to HSN Stroke Prevention Clinic

Risk Assessment For Patients Presenting To Community Clinicians

- EMERGENT** risk category - send to the nearest Emergency Department.
- URGENT** risk category- refer urgently to the HSN Stroke Prevention Clinic.
The Stroke Prevention (TIA) Clinic will triage and order investigations.

Medications Started:	<input type="checkbox"/> Antiplatelet	<input type="checkbox"/> Started	<input type="checkbox"/> Continued	<input type="checkbox"/> Anticoagulant	<input type="checkbox"/> Started	<input type="checkbox"/> Continued

For HSN ED only: Fax Referral Form as above and Enter in MEDITECH Order/Entry: Category: TIA Procedure: RFSTIAO

FAX: Referral Form and Referral Note to (705) 675-4796