Health Sciences North
Horizon Santé-Nord

STROKE PREVENTION CLINIC REFERRAL FORM

PATIENT_____ PHONE NO. TO REACH PATIENT_____

REFERRING PHYSICIAN_____ OHIP BILLING NO. _____

REFERRING PHYSICIAN SIGNATURE_____

DIAGNOSIS_____

DATE OF EVENT_____

Label

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
- ❒ 48 hours or less
- ❒ more than 48 hours

Duration Of Symptoms
- ❒ Less than 10 minutes
- ❒ 10-59 minutes
- ❒ More than 60 minutes

Clinical Features (Please check all that apply)

- ❒ **Speech Disturbance**
- ❒ **Unilateral Weakness** ❒ Face ❒ Arm ❒ Leg ❒ Right ❒ Left
- ❒ **Unilateral Sensory Symptoms** ❒ Face ❒ Arm ❒ Leg ❒ Right ❒ Left (must affect two contiguous segments)
- ❒ **Visual Loss** ❒ Right ❒ Left
- ❒ **Vertigo** (especially if non-positional &/or accompanied by any of diplopia, dysarthria, dysphagia or limb/gait ataxia)

Note: If neurological symptoms are not listed above, consider referral to general neurology

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**	❒ Unenhanced CT Head with CTA arch to vertex investigation ❒ EKG *(please indicate completed investigations)*	1. Initiate appropriate antiplatelet/ anticoagulant if indicated 2. Refer to HSN Stroke Prevention Clinic
More than 48 hours	Any clinical feature listed above	**URGENT**		

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:	❒ **Antiplatelet** ❒ Started ❒ Continued	❒ **Anticoagulant** ❒ Started ❒ 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

v. May 2024