

IF PATIENT PRESENTS WITHIN 48 HOURS OF STROKE SYMPTOM ONSET, SEND PATIENT TO EMERGENCY DEPARTMENT.

THE FOLLOWING INFORMATION MUST BE COMPLETED

- New Referral** **Follow Up**

Reason for Referral:

- TIA Stroke
 Query TIA/Stroke
 Carotid Stenosis
 Other:

Date & Time of Most Recent Event:

Duration & Frequency of the Symptoms:

- < 10 mins Single episode
 10-59 mins Recurrent or fluctuating
 60 mins or more Persistent

Clinical Features Check (✓) all that applies:

- Unilateral weakness (face arm leg) L R
 Unilateral sensory loss (face arm leg) L R
 Speech/language disturbance (e.g., slurred or expressive/word finding difficulty)
 Acute Vision Change: Monocular
 Hemifield
 Binocular Diplopia
 Ataxia
 Other:

Vascular Risk Factors (Check (✓) all that appl):

- Hypertension
 Dyslipidemia
 Diabetes
 Ischemic Heart Disease
 History of atrial fibrillation
 Previous Stroke or TIA
 Previous known Carotid disease
 Peripheral Vascular Disease
 Current smoker Past smoker
 Alcohol Abuse Drug Abuse
 Other:

Diagnostic Investigations ordered or results attached
(do not delay referral if investigations not done):

Investigations	Location
<input type="checkbox"/> CT (head) <input type="checkbox"/> CTA (head & neck)	
<input type="checkbox"/> Carotid Ultrasound	
<input type="checkbox"/> ECG	
<input type="checkbox"/> Echocardiogram	
<input type="checkbox"/> Holter Monitor	
<input type="checkbox"/> Bloodwork – Lipids, HbA1c	
<input type="checkbox"/> Other:	

****Please indicate SPC Referral on requisitions****

Consults ordered or consult reports attached:

- Vascular Surgery or Neurosurgery for Carotid Stenosis
 Other:

Medications (Attach List)

- Medication initiated post event:
 Antiplatelet therapy:
 Anticoagulant:
 Other:

Key Best Practices:

Antithrombotic therapy prevents stroke.
Patients with confirmed TIA or ischemic stroke should start antiplatelet therapy unless anticoagulation is indicated.
Identification of moderate to high grade (50-99%) stenosis on CTA or carotid ultrasound typically warrants urgent referral for assessment of possible carotid procedure.
Visit:www.strokebestpractices.ca/recommendations/secondary-prevention-of-stroke

Key Health Teaching:

Review Signs of Stroke & when to call 911.
Recommend refrain from driving until seen in SPC.
TIA/Stroke Education package provided (if applicable).

Additional Information:

- Referral Source:** Primary Care Family Physician or Nurse Practitioner ED Physician Specialist
 Inpatient Unit:

Printed Name: _____

OHIP Billing # _____

Referral Date: _____

Send Referral Form Including All Investigations, Medication List & Documentation:

Stroke Prevention Clinic: FAX (519) 749-4351

Upon Receipt Referrals will be Triageed Accordingly.



Stroke Prevention Clinic Contact Info:
(519) 749-4300 ext 2611
FAX (519) 749-4351
Hours of Operation: Mon-Fri 08:00-4:00
Triage of Referrals:

Patient ID Label-Include

DOB:
Contact Info: Best Phone Number to Reach Patient

GUIDE

Referral Criteria: All patients with a TIA or non-disabling minor stroke who present to a primary care provider, an ED and are discharged, or hospitalized should be referred to a Stroke Prevention Clinic (SPC). The SPC is an outpatient clinic for individuals who have signs and symptoms of a recent stroke or TIA. The goal of the clinic is to reduce incidence of future stroke.

Triage Pathway:

Very High Risk: Patients who present within 48 hours of suspected TIA or Stroke should be assessed immediately in the Emergency Department (ED). If discharged from ED, refer to the Stroke Prevention Clinic.
(Persistent, or fluctuating or transient sudden onset symptoms include unilateral motor weakness, speech/language disturbance, or unilateral profound sensory loss in two contiguous body segments [face/arm or arm/leg], visual disturbance [monocular or hemi-visual loss or binocular diplopia] or ataxia).

HIGH RISK	MODERATE (INCREASED) RISK	LOW RISK
Symptom Onset Between 48 Hours and 2 Weeks Symptoms are sudden in onset [persistent or transient or fluctuating]	Symptom Onset greater than 2 weeks	
<ul style="list-style-type: none"> Unilateral motor weakness AND/OR <ul style="list-style-type: none"> Speech/Language Disturbance [such as slurred speech or difficulty with expressing/word finding or comprehension] 	No motor or speech/language disturbance but sudden stroke symptoms such as: Unilateral profound sensory loss (must involve at least 2 contiguous body segments (face/arm or arm/leg) Visual disturbance (monocular or hemi-visual loss, binocular diplopia) Ataxia	<ul style="list-style-type: none"> Any typical or atypical TIA or stroke symptoms
ED or Stroke Prevention Clinic, if can be seen within 24 hours. If discharged from ED refer to Stroke Prevention Clinic	Stroke Prevention Clinic as soon as possible, ideally seen within 2 weeks from referral date	Stroke Prevention Clinic ideally within 1 month from referral date

Adapted from the Canadian Stroke Best Practice Recommendations: Click [here](#) for more information.

Carotid Stenosis Consultation Recommendations: Urgent consultation for Stroke or TIA with 50-99% carotid stenosis OR elective referral for remotely symptomatic (e.g., greater than 6 months) or asymptomatic stenosis. Include reason for consultation including date of event, clinical presentation, and history.

- CTA or MRA is completed to confirm candidacy for carotid intervention
- Refer also to the Stroke Prevention Clinic

STROKE PREVENTION CLINIC USE ONLY

Accepted Date:

Re-directed to: Date: