

Stroke Prevention Clinic Referral

Niagara Health – Niagara Falls Site Stroke / Neurology Clinic
5546 Portage Road, Niagara Falls, ON L2E 6X2
Fax completed referral form to: 905-357-9230

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ (dd/mm/yyyy)

HCN: \_\_\_\_\_

Best Phone Number to Reach Pt: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

\* If patient presents within 48 hours of stroke symptom onset, send patient to the Emergency Department\*
The following information MUST be completed

Form containing referral details: Reason for Referral (TIA, Stroke, Query TIA, Carotid Stenosis, Other), Clinical Features (Unilateral Weakness, Sensory Loss, Speech disturbance, Vision Change, Ataxia), Duration of Symptoms, Frequency of Symptoms, Risk Factors (Hypertension, Diabetes, etc.), Tests ordered (CT/CTA, Carotid imaging, ECG, Bloodwork), Treatment Initiated (Antiplatelet, Anticoagulant), Key Best Practices (Head imaging, Antiplatelet, Anticoagulation), and Key Health Teachings (Review signs and symptoms).

Referred By: \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Signature and Designation) \_\_\_\_\_ (Billing Number) \_\_\_\_\_ Date (dd/mm/yyyy)

Family Physician Nurse Practitioner ED Physician Specialist

Fax the following items to the Stroke Prevention Clinic: ED Record, ECG, test results and blood work, if available

Do Not Delay referring patient to the Stroke Prevention Clinic if tests are not done or results are not available

