



Thunder Bay Regional
Health Sciences
Centre

STROKE PREVENTION CLINIC REFERRAL

Place Patient Label with Barcode Here. If no Patient Label, complete the following:

Chart #: _____ Account #: _____

Patient Name: _____

D.O.B. (YYYY-MM-DD): _____

Address: _____

City/Town, Prov: _____

Postal Code: _____ Tel: _____

Health Card #: _____ Version: _____

Family MN/NP: _____

Acute Care Referral Guidelines:

1. Referring provider to complete referral.
2. **Fax to the Stroke Prevention Clinic at 807-684-5883.** If required, phone 807-684-6700.
3. Incomplete or illegible referrals will be declined back to the referring provider.
4. The original form is to be filed in the patient's health record.

Patient Information:

Patient/Caregiver contact number: _____

Reason for referral: TIA Stroke Carotid Stenosis

Other: _____

Most recent Transient Ischemic Attack (TIA) / Stroke Event:

- Symptoms present within 0-48 hours (highest risk)
- Symptoms presented 48 hours - 2 weeks
- Symptoms presented >2 weeks

Duration of Symptoms:

- _____ Seconds
- _____ Minutes
- _____ Hours
- _____ Days

Frequency of Symptoms:

- Recurring/transient
- Persistent
- Single episode

Blood pressure at time of event: _____

Clinical Features: (Check (✓) all that apply)

- Left sided weakness: Face Arm Leg
- Right sided weakness: Face Arm Leg
- Left sided sensory loss: Face Arm Leg
- Right sided sensory loss: Face Arm Leg
- Speech disturbance (slurred or expressive/word finding difficulty)
- Acute ataxia
- Acute vision change (Right Left)
 - Monocular Hemifield Diplopia
- Other: _____

Risk Factors: (Check (✓) all that apply)

- Hypertension
- Previous stroke or TIA
- History of atrial fibrillation
- Ischemic heart disease
- Previous known carotid disease
- Obstructed sleep apnea
- Other pertinent information
- Diabetes
- Current or past smoker
- Dyslipidemia
- History of sleep apnea
- Drug / alcohol excess
- Clotting disorder

Medications (or attach most accurate medication list):

Emergency Department to attach Emergency Record

ED Hospital Location: _____

Note: Tests should be performed in the ED since abnormalities may lead to admission.

Tests ordered or results attached: (Check (✓) all that apply)

- CT head
- CTA
- MRI
- MRA
- Carotid ultrasound
- ECG
- Bloodwork: including lipid panel, HbA1C and fasting glucose
- Other: _____

Treatment Initiated: (Check (✓) all that apply)

- Antiplatelet therapy _____
- Anticoagulant: _____
- Other: _____

Stroke Best Practices

Antiplatelet Therapy:

- Acute antiplatelet therapy helps to prevent stroke
- All patients with ischemic stroke or TIA should be prescribed antiplatelet therapy unless there is an indication for anticoagulation
- **If CT/CTA head completed and no evidence of intracranial hemorrhage: Initiate loading dose of 160 mg ASA and/or 300 mg Clopidogrel, then maintenance therapy of daily antiplatelet therapy. (Acetylsalicylic acid (Aspirin®) 81 mg and Clopidogrel (Plavix®) 75mg daily x 21 days then mono antiplatelet therapy).**

Anticoagulation:

- Patients with ischemic stroke or TIA AND atrial fibrillation or atrial flutter, **consider oral anti-coagulation therapy if no evidence of intracranial hemorrhage on CT head**

Carotid Stenosis:

- Identification of a moderate to high-grade (50-99%) symptomatic stenosis on carotid ultrasound warrants consult to Thunder Bay Regional Health Sciences Centre Acute Stroke Physician on-call Monday-Sunday 0800-2300 at 1-807-684-6001 for assessment of possible carotid intervention
- Urgent referral to the Stroke Prevention Clinic



TREFTBSPC

Referring providers name: _____

Signature: _____

Date: _____