CHATHAM-KENT
Health Alliance

Secondary Stroke Prevention
TIA Referral / AF Referral

Allergies: ☐ NKA or : _____

☐ Diabetes ☐ Epilepsy ☐ Malignant Hyperthermia

Date of Event: ☐ TIA ☐ AF _____ **Date & Time of Clinic Appt:** _____ _____

Signs/Symptoms:		
Unilateral motor deficits(s)	☐Yes	☐No
Unilateral numbness/tingling	☐Yes	☐No
Aphasia	☐Yes	☐No
Dysarthria	☐Yes	☐No
Amaurosis Fugax	☐Yes	☐No
Hemianopia	☐Yes	☐No
Vertigo*	☐Yes	☐No
*Must be accompanied by one other symptom		

Comments _____

*** ABCD 2 Score 0-4 ***	
Age >60 years	1 point
SBP > 140 mmHg or DBP > 90 mmHg	1 point
Unilateral weakness	2 points
Speech disturbance without weakness	1 point
TIA Duration 10 - 59 minutes	1 point
TIA Duration > 60 mins	2 points
Diabetes	1 point
Consider admission for those High Risk scores (5,6,7)	
Total Score: _____	

** AF Stroke Risk **	
CHF	1 point
HTN	1 point
Age ≧65	1 point
Diabetes	1 point
PVD	1 point
Prior Stroke/TIA	2 points
Total Score: _____	

Please add on LFT's and Non-Fasting Lipids to ER blood draw

SPC Clinic will book appointments and notify patient (PAO Priority 3 - Date Faxed _____)

• EKG	Date: _____	PAO Confirmation #:	_____
• CT Head	Date: _____	PAO Confirmation #:	_____
• Carotid Ultrasound	Date: _____	PAO Confirmation #:	_____
☐ 2-D Echocardiogram	Date: _____	PAO Confirmation #:	_____
☐ Holter Monitor (24hr.)	Date: _____	PAO Confirmation #:	_____

Medications: Indicate dose and frequency **Current Medications Reconciled:** ☐Yes ☐No

ASA _____ Statin _____ Antiplatelet _____

ACE _____ Anticoagulant _____ ARB _____

Physician's Signature _____ Date _____

Fax To Stroke Clinic 519-436-2500

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