



46 General Hospital Drive  
 Stratford, ON N5A 2Y6  
 519-272-8210 ext. 2299

**SECONDARY STROKE PREVENTION CLINIC  
 PATIENT REFERRAL FORM**

Patient Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Health Card #: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**IF PATIENT PRESENTS WITHIN 48 HOURS OF STROKE SYMPTOMS ONSET, PATIENT NEEDS TO BE SENT TO THE NEAREST CT CAPABLE EMERGENCY DEPARTMENT IMMEDIATELY**

THE FOLLOWING INFORMATION MUST BE COMPLETED AS PART OF THE REFERRAL:

SEE REVERSE SIDE OF THIS FORM FOR REFERRAL CRITERIA AND GUIDELINES FOR APPROPRIATENESS OF REFERRAL  
*For neurologic symptoms not listed as clinical features, consider referral to an alternative specialized care provider or the Urgent Neurology Clinic in London (if appropriate)*

**DATE & TIME OF RECENT EVENT:**  Known  Estimate

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Duration of Symptoms:** **Frequency of Symptoms:**

- \_\_\_\_ seconds  Single  
 \_\_\_\_ minutes  Recurring/transient  
 \_\_\_\_ hours  Persistent  
 \_\_\_\_ days

**Clinical Features** (check all that apply):

- UNILATERAL weakness**  
 Face  Arm  Leg  Right  Left
- UNILATERAL sensory loss**  
 Face  Arm  Leg  Right  Left
- Speech/Language disturbance**  
 Slurred speech  Expressive/word finding difficulties
- ACUTE vision change**  Right  Left  
 Monocular  Hemifield  Binocular diplopia
- Acute ataxia**
- Vertigo** **\*\*Must have one or more additional symptoms**

**RISK FACTORS**  Hypertension  Dyslipidemia  Diabetes

- Previous TIA/stroke  Ischemic heart disease  
 Peripheral vascular disease  History atrial fibrillation  
 History of carotid disease  History of sleep apnea  
 Current smoking/vaping  Past smoking/vaping  
 Alcohol/drug abuse  Known thrombophilia  
 Other: \_\_\_\_\_

**Additional information:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Diagnostic Investigations ordered or results attached:**

*(Do not delay referral if investigations are outstanding.)*

Investigation Results Attached:	Location Ordered:
<input type="checkbox"/> CT head <input type="checkbox"/> CTA head & neck <b>**REQUIRED - Order as URGENT**</b>	
<input type="checkbox"/> Carotid Doppler/Ultrasound	
<input type="checkbox"/> Echocardiogram	
<input type="checkbox"/> Electrocardiogram	
<input type="checkbox"/> <b>14-day</b> holter monitor <b>**not required if known A-fib</b>	
<input type="checkbox"/> MRI head <input type="checkbox"/> MRA head & neck	
<input type="checkbox"/> Bloodwork (lipids, A1c)	

**Medications Initiated post event**  Medication List Attached

- Antiplatelet therapy**  ASA  Plavix  Plavix x21 days + ASA  
**Anticoagulant**  DOAC (drug & dose): \_\_\_\_\_  
 If patient is prescribed Warfarin:  New start  Already on

**Stroke Best Practices**

**Antiplatelet therapy:**

- IF CT head complete and NO evidence intracranial hemorrhage, initiate antiplatelet therapy unless indication for anticoagulation
- IF TIA or minor stroke (NIHSS 0-3) of non-cardioembolic origin presents within 48 hours of onset with a low risk of bleeding, initiate loading dose ASA 160 mg and/or Plavix 300 mg followed by dual antiplatelet therapy ASA 81 mg + Plavix 75 mg daily x 21 days, then ASA monotherapy. IF greater than 48 hours from onset, initiate antiplatelet monotherapy.

**Anticoagulation if NEW atrial fibrillation/flutter:**

- If TIA, consider oral anticoagulation if NO evidence of intracranial hemorrhage.
- If minor stroke (NIHSS 0-3), repeat CT in 3 days and if no bleed, consider anticoagulation.

- Instruct patient **NOT to drive** until seen in the SPC  
 Review signs of stroke and when to call 9-1-1

Referring Practitioner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ OHIP Billing #: \_\_\_\_\_

Referral Date: \_\_\_\_\_ Primary Care Provider: \_\_\_\_\_

**Please fax this form and copies of all investigations to HPHA Stroke Prevention Clinic (519) 272-8242**

## STROKE PREVENTION CLINIC GUIDE

The Secondary Stroke Prevention Clinic (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 the incidence of future stroke. All patients with a TIA or non-disabling minor stroke who present to a primary care provider or an ED and are discharged should be referred to a SPC.

Any of the following on their own **WITHOUT** a focal neurologic deficit or sign is **unlikely to be a TIA/stroke**:

- Transient symptoms lasting only seconds
- Seizure
- Isolated transient loss of consciousness or syncope
- Vasovagal syncope
- Peripheral neuropathy sensory disturbances
- Transient global amnesia
- Isolated non-vertiginous dizziness
- Vague generalized weakness without loss of power
- Unilateral LMN pattern facial weakness (Bell's Palsy)
- Twinkling/flashing lights/visual floaters

**These referrals may be deferred back to the referral source or primary care physician for follow up.**

**\*\*IF uncertain, you may call the Internal Medicine Physician On Call at Stratford General Hospital to review\*\***

### TRIAGE/RISK ASSESSMENT

<b>VERY HIGH RISK</b>	Patients who present <b>within 48 hours</b> of suspected TIA or Stroke should be assessed immediately in the Emergency Department (ED). If discharged from ED, refer to the Stroke Prevention Clinic.	
<b>HIGH RISK</b>	<b>MODERATE (INCREASED RISK)</b>	<b>LOW RISK</b>
<ul style="list-style-type: none"> <li>▪ Symptom onset between 48 hours and 2 weeks</li> <li>▪ Symptoms are sudden in onset [persistent or transient or fluctuating]</li> </ul>	<ul style="list-style-type: none"> <li>▪ Symptom onset greater than 2 weeks</li> </ul>	<ul style="list-style-type: none"> <li>▪ Any typical or atypical TIA or stroke symptoms</li> </ul>
<ul style="list-style-type: none"> <li>▪ Unilateral motor weakness</li> </ul> <p style="text-align: center;">AND/OR</p> <ul style="list-style-type: none"> <li>▪ Speech/Language disturbance (slurred speech or difficulty with expressing/word finding or comprehension)</li> </ul>	<p>No motor or speech/language disturbance but other sudden stroke symptoms such as:</p> <ul style="list-style-type: none"> <li>▪ Unilateral profound sensory loss - must involve at least 2 contiguous body segments (face/arm or arm/leg)</li> <li>▪ Visual disturbance (monocular or hemi-visual loss, binocular diplopia)</li> <li>▪ Ataxia</li> </ul>	
<b>Next available, ideally within 1 week</b>	<b>Within 2 weeks from referral date</b>	<b>Within 1 month from referral date</b>

### REFERRAL CHECKLIST

- Complete referral form with as much information as possible. Incomplete or illegible may result in delays.
- Attach a list of current medications with this referral
- Attach investigations and relevant medical notes
- Provide patient with the **Secondary Stroke Prevention Clinic Pamphlet** with the SPC contact information
- If concerned about a TIA/minor stroke, patient must be instructed NOT to drive until they have participated in a comprehensive neurologic assessment

Patient will be triaged for appropriateness and risk. If deemed appropriate, the SPC staff will contact the patient and arrange an appointment.

**For more information, visit [www.strokebestpractices.ca](http://www.strokebestpractices.ca) for the Canadian Stroke Best Practice Recommendations.  
Look for Secondary Prevention of Stroke.**

#### STROKE PREVENTION CLINIC USE ONLY:

Accepted     Intake Booked     Re-directed: \_\_\_\_\_    Date: \_\_\_\_\_