

SECONDARY STROKE PREVENTION CLINIC REFERRAL

AFFIX PATIENT
LABEL

Best phone number to reach patient: _____ Patient Email Address: _____

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

The following information **MUST** be completed.

New Referral **Post Discharge Follow-Up**

Reason for Referral:

TIA Stroke Query TIA/Stroke Carotid Stenosis

Other: _____

Date & Time of Most Recent Event: _____

Does the patient drive? Yes No

If yes, please address driving status at the time of form completion. _____

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 apply)

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 apply)

Hypertension

Dyslipidemia

Diabetes

Ischemic Heart Disease

History of atrial fibrillation

Previous stroke or TIA

Previous known carotid disease

Peripheral Vascular Disease

Current smoking/vaping Past smoking/vaping

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"/> MRI (head) <input type="checkbox"/> MRA (Head & Neck)	
<input type="checkbox"/> Carotid Doppler/Ultrasound	
<input type="checkbox"/> ECG	
<input type="checkbox"/> Echocardiogram	
<input type="checkbox"/> Holter/Event Monitor	
<input type="checkbox"/> Bloodwork	
<input type="checkbox"/> Other:	

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 (50-90%) stenosis on CTA or carotid ultrasound typically warrants urgent referral to the specialist (fillable) for assessment of possible carotid procedure.

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:

Referred by: _____
(Printed Name) (Signature and Designation) (Billing Number) (Date)

Primary Care Physician/Nurse Practitioner ED Physician Specialist Inpatient Unit

Referral Date: _____

Stroke Prevention Clinic Fax# 519-637-3097

Upon Receipt Referrals will be Triageed Accordingly.

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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 Hight 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
Symptoms Onset Between 48 Hours and 2 Weeks Symptoms are sudden in onset [persistent or transient or fluctuating]	Symptoms Onset greater than 2 weeks	
Unilateral motor weakness AND/OR Speech/Language Disturbance [such as slurred speech or difficulty with expressing/word finding or comprehension]	No motor or speech/language disturbance but other 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	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

Visit: www.strokebestpractices.ca for the Canadian Stroke Best Practice Recommendations.

Look for Secondary-prevention of stroke/initial risk and management of non-disabling stroke and TIA

Carotid Stenosis Consultation Recommendations: Urgent consultation with (Fillable - organization to indicate Vascular Surgery or Neurosurgery) for Stroke or TIA with 50-99% carotid stenosis OR elective referral to indicate consultant service and/or triaged by Stroke Prevention Clinic) for remotely symptomatic (e.g. greater than 6 months) or asymptomatic carotid stenosis. Include reason for consultation including date of event, clinical presentation and history.

- CTA or MRA is completed to confirm candidacy for carotid intervention
- Process to Request Consult: Fillable for each organization to fill in their process)

STROKE PREVENTION CLINIC USE ONLY

Accepted Date: _____

Re-directed to: _____

Date: _____