### Secondary Stroke Prevention Clinic Referral

The following form MUST be completed by the Referring Physician or Nurse Practitioner

**Tested ordered or results attached for:**
- *CT head Date: ________________
- *EKG Date: ________________
- *CBC, Cr, Lytes, INR: ________________
- **Lipids, HbA1C, Date: ________________
- **US Carotid Date: ________________
- CTA Date: ________________

*The above tests should be performed in the ER.

**Additional test may be ordered on behalf of the SSPC MD who will follow up on these results.

For referrals from primary care providers, defer ordering tests and refer directly to the Stroke Prevention Clinic.

**Treatment initiated:** (check (√) all that apply including dose)
- Antiplatelet therapy: ________________
- Anticoagulant: ________________
- Other: ________________

#### Key Best Practices

**Antiplatelet Therapy:**
- Acute antplatelet therapy helps to prevent stroke
- All patients with ischemic stroke or TIA should be prescribed Aspirin AND Clopidogrel for 21 days unless there is an indication for anticoagulation

**Anticoagulation:**
- Patients with ischemic stroke or TIA and atrial fibrillation should receive oral anticoagulation as soon as it is thought to be safe for the patient

**Carotid Stenosis:**
- Identification of a moderate to high-grade (50-99%) symptomatic stenosis on carotid ultrasound typically warrants urgent referral to the Stroke Prevention Clinic or the Neurologist on call, for assessment of possible carotid intervention

*Fax the following items to the Stroke Prevention Clinic: ER record, ECG, test results and bloodwork if available

**DO NOT DELAY** referring patient to the Stroke Prevention Clinic if tests are not done or results are not available.

Provide patient & family with Stroke Prevention Clinic Handout

Fax Completed Referral Form to 519-637-3229