St. Thomas Elgin General Hospital
189 Elm St. St. Thomas ON. N5R 5C4 (519)631-2030 Ext 2125

Patient Label

Secondary Stroke Prevention Clinic Referral

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

Patient/Caregiver BEST contact number:_____

Age: _____ years BP at time of event: _____

Reason for referral: ☐ TIA ☐ Stroke ☐ Carotid Stenosis

☐ Other: _____

Date of most recent TIA / Stroke event: _____

☐ **Urgent** ☐ **Initial** ☐ **Follow- Up**

☐ Right handed ☐ Left handed

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

☐ Unilateral weakness: ☐ face ☐ arm ☐ leg (☐ L ☐ R)
☐ Unilateral sensory loss: ☐ face ☐ arm ☐ leg (☐ L ☐ R)
☐ Speech disturbance (slurred or expressive/word finding difficulty)
☐ Amaurosis Fugax
☐ Hemianopsia

Other: _____

Duration of Symptoms: (check (✓) most appropriate)

☐ _____ Seconds
☐ _____ Minutes OR ☐ greater than 10 min.
☐ _____ Hours
☐ _____ Days

Frequency of Symptoms:

☐ Single episode ☐ Recurring/Fluctuating

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

☐ Hypertension
☐ History of atrial fibrillation
☐ Diabetes
☐ Hyperlipidemia
☐ Ischemic Heart Disease
☐ Previous stroke or TIA
☐ Previous known carotid disease
☐ Current or past stroke
☐ History of sleep apnea
☐ Smoking

Tests ordered or results attached for: *

☐ CT head (or MRI) Date: _____
☐ U/S (carotid) Date: _____
☐ CTA Date: _____
☐ ECG Date: _____
☐ Bloodwork: including lipid panel, CBC, CR, Lytes, INR, PTT, and HbA1C

* The above tests should be performed or booked in the ER since abnormalities may lead to admission.

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

Treatment initiated: (check (✓) all that apply)

☐ Antiplatelet therapy: _____
☐ Anticoagulant: _____
☐ Other: _____

Key Best Practices

Antiplatelet Therapy:

- acute antiplatelet 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

Referred by : _____ (Printed Name) _____ (Signature and Designation) _____ (Billing Number) _____ Name (yyyy/mm/dd)

☐ Family Physician ☐ Nurse Practitioner ☐ ER Physician ☐ Specialist _____

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