Thunder Bay Regional Health Sciences Centre

NORTHWESTERN ONTARIO Regional Stroke Network

STROKE PREVENTION CLINIC

PATIENT REFERRAL

Place Patient Label with Barcode Here
If no Patient Label, complete the following:

Patient Name: _____
Address: _____
Phone-Home: _____ **Cell/Work:** _____
Date of Birth: _____
HCN: _____
Family MD/NP: _____
Alternate Contact: _____

Referral Guidelines:
1. To appropriately triage this referral, follow the TIA (Transient Ischemic Attack)/Non Disabling Stroke TRIAGE ALGORITHM (on reverse of this form).
2. If CT head completed and no evidence of intracranial hemorrhage: Initiate loading dose of 160 mg ASA or 300 mg Clopidogrel, then maintenance therapy of daily antiplatelet therapy.
3. Assess for Atrial Fibrillation or Atrial Flutter on ECG. If present, consider oral anti-coagulation therapy if no evidence of intracranial hemorrhage on CT scan.

1. Date and Time of most recent TIA/Stroke symptoms: _____ **Office/Emergency Dept: Blood Pressure:** _____

2. Clinical Features: (Check all those that apply)

☐ **Motor-Unilateral Weakness**: ○ Arm ○ Leg Left: ___ Right:___ ○ Facial Droop Left: ___ Right: ___
☐ Dysmetria (lack of coordination) _____

☐ **Acute Vision Change:** ○ Visual Field Loss/loss of vision: one eye: Left: ___ Right:___ or both eyes: ___ ○ Diplopia

☐ **Speech disturbance:** ○Aphasia/Dysphasia (Difficulty Expressing/Word Finding/Poor Comprehension) ○Dysarthria (Slurred)

☐ **Hemi-body Sensory *Numbness*:** ○ Face ***and*** Arm Left: ___ Right:___ ○ Arm ***and*** Leg Left: ___ Right:___

☐ **Patchy tingling sensation:** _____

Other Symptoms: _____

3. Duration of Symptoms: indicate below most appropriate:
☐ Transient-Duration _____
☐ Fluctuating since_____
☐ Persistent since _____

4. Current Medications

5. Risk Factors (Check all that apply)

☐ Hypertension	☐ Ischemic Heart Disease	☐ Previous Known Carotid Disease	☐ Diabetes
☐ Atrial Fibrillation History	☐ Previous Stroke or TIA	☐ Dyslipidemia	☐ Current Smoker
☐ Sleep Apnea	☐ Valvular Heart Disease	☐ Obesity	☐ Drug Abuse
☐ Excess Alcohol			

6. COMMENTS/Other relevant history:

Referring MD/NP: _____ Facility: _____ Date: _____

PLEASE ATTACH RECENT LAB WORK INCLUDING LIPID PANEL AND A1C if available.
INDICATE which URGENT DIAGNOSTIC IMAGING TEST has been ordered.

☐ CT (computed tomography) Head ☐ Carotid Doppler ☐ CTA (computed tomography angiography) head/neck vessels

☐ Echocardiogram Where tests are being completed (location): _____

TREFTBSPC

TBRHSC Guidelines:
1. The Referral form is to be completed by the referring provider.
2. The form is to be faxed to the Stroke Prevention Clinic at 807-684-5883.
3. The original form is filed in the patient's health record.

Northwestern Ontario TIA and Mild Non-Disabling Stroke TRIAGE Algorithm

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Are the symptoms : **"M – A – S – H "** (can be transient, fluctuating or persistent)

Motor (unilateral arm or leg weakness or facial droop or dysmetria?) and /or

Acute Vision Change (monocular visual field loss, hemi-visual loss, diplopia?) and/or

Speech (slurring or difficulty expressing/word finding /dysphasia?) and/or

Hemi-body Sensory (unilateral numbness to face/arm or arm/leg)

Assess for Atrial Fibrillation or Flutter on ECG. If present with suspected TIA or mild stroke, consider oral anticoagulation therapy if no evidence of intracranial hemorrhage on head CT scan.

YES → Did these symptoms occur within the last 48 hrs ?

NO → Do the symptoms include isolated patchy unilateral sensory symptoms (tingling/numbness)?

Did these symptoms occur within the last 48 hrs ?

YES → **HIGH RISK:**

MOST URGENT (HIGHEST RISK) IS Unilateral Motor and Speech Disturbance

Transfer to closest emergency department. May need advanced stroke care (brain imaging, vascular imaging of intra and extra cranial vessels).

Emergency MD to contact acute stroke physician on call at TBRHSC at 807-684-6001

Urgent referral to TBRHSC Stroke Prevention Clinic, fax to 807-684-5883

NO → Did the symptoms occur between 48 hours and 2 weeks ago ?

YES → **INCREASED RISK:**

Contact acute stroke physician on call at 807-684-6001 (TBRHSC) and Urgent referral to TBRHSC Stroke Prevention ClinicFax referral to 807-684-5883

NO → Did the symptoms present more than 2 weeks ago ?

YES → **LOWER RISK:**

Refer to Stroke Prevention Clinic (TBRHSC) for stroke specialist care to be seen within one month.

Fax referral to 807-684-5883

Do the symptoms include isolated patchy unilateral sensory symptoms (tingling/numbness)?

YES → **LOWER RISK:**

Refer to Stroke Prevention Clinic (TBRHSC) for stroke specialist care to be seen within one month.

Fax referral to 807-684-5883

Adapted from Canadian Stroke Best Practice Recommendations - Prevention 2014 strokebestpractices.ca
(TBRHSC = Thunder Bay Regional Health Sciences Centre)