



Thunder Bay Regional  
Health Sciences  
Centre

## STROKE PREVENTION CLINIC REFERRAL

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

Chart #: \_\_\_\_\_ Account #: \_\_\_\_\_

Patient Name: \_\_\_\_\_

D.O.B. (YYYY-MM-DD): \_\_\_\_\_

Address: \_\_\_\_\_

City/Town, Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Version: \_\_\_\_\_

Family MN/NP: \_\_\_\_\_

### Acute Care Referral Guidelines:

1. Referring provider to complete referral.
2. **Fax to the Stroke Prevention Clinic at 807-684-5883.** If required, phone 807-684-6700.
3. Incomplete or illegible referrals will be declined back to the referring provider.
4. The original form is to be filed in the patient's health record.

### Patient Information:

Patient/Caregiver contact number: \_\_\_\_\_

Reason for referral:  TIA  Stroke  Carotid Stenosis

Other: \_\_\_\_\_

### Most recent Transient Ischemic Attack (TIA) / Stroke Event:

- Symptoms present within 0-48 hours (highest risk)  
 Symptoms presented 48 hours - 2 weeks  
 Symptoms presented >2 weeks

### Duration of Symptoms:

- \_\_\_\_\_ Seconds  
 \_\_\_\_\_ Minutes  
 \_\_\_\_\_ Hours  
 \_\_\_\_\_ Days

### Frequency of Symptoms:

- Recurring/transient  
 Persistent  
 Single episode

Blood pressure at time of event: \_\_\_\_\_

### Clinical Features: (Check (✓) all that apply)

- Left sided weakness:  Face  Arm  Leg  
 Right sided weakness:  Face  Arm  Leg  
 Left sided sensory loss:  Face  Arm  Leg  
 Right sided sensory loss:  Face  Arm  Leg  
 Speech disturbance (slurred or expressive/word finding difficulty)  
 Acute ataxia  
 Acute vision change ( Right  Left)  
 Monocular  Hemifield  Diplopia  
 Other: \_\_\_\_\_

### Risk Factors: (Check (✓) all that apply)

- Hypertension  Diabetes  
 Previous stroke or TIA  Current or past smoker  
 History of atrial fibrillation  Dyslipidemia  
 Ischemic heart disease  History of sleep apnea  
 Previous known carotid disease  Drug / alcohol excess  
 Obstructed sleep apnea  Clotting disorder  
 Other pertinent information

### Medications (or attach most accurate medication list):

### Emergency Department to attach Emergency Record

ED Hospital Location: \_\_\_\_\_

Note: Tests should be performed in the ED since abnormalities may lead to admission.

### Tests ordered or results attached: (Check (✓) all that apply)

- CT head  
 CTA  
 MRI  
 MRA  
 Carotid ultrasound  
 ECG  
 Bloodwork: including lipid panel, HbA1C and fasting glucose  
 Other \_\_\_\_\_

### Treatment Initiated: (Check (✓) all that apply)

- Antiplatelet therapy \_\_\_\_\_  
 Anticoagulant: \_\_\_\_\_  
 Other: \_\_\_\_\_

### Stroke Best Practices

#### Antiplatelet Therapy:

- Acute antiplatelet therapy helps to prevent stroke
- All patients with ischemic stroke or TIA should be prescribed antiplatelet therapy unless there is an indication for anticoagulation
- **If CT/CTA head completed and no evidence of intracranial hemorrhage: Initiate loading dose of 160 mg ASA and/or 300 mg Clopidogrel, then maintenance therapy of daily antiplatelet therapy. (Acetylsalicylic acid (Aspirin®) 81 mg and Clopidogrel (Plavix®) 75mg daily x 30 days then mono antiplatelet therapy).**

#### Anticoagulation:

- Patients with ischemic stroke or TIA AND atrial fibrillation or atrial flutter, **consider oral anti-coagulation therapy if no evidence of intracranial hemorrhage on CT head**

#### Carotid Stenosis:

- Identification of a moderate to high-grade (50-99%) symptomatic stenosis on carotid ultrasound warrants consult to Thunder Bay Regional Health Sciences Centre Acute Stroke Physician on-call Monday-Sunday 0800-2300 at 1-807-684-6001 for assessment of possible carotid intervention
- Urgent referral to the Stroke Prevention Clinic



TREFTBSPC

Referring providers name: \_\_\_\_\_

Signature: \_\_\_\_\_

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