HPHA
HURON PERTH HEALTHCARE ALLIANCE
46 General Hospital Drive
Stratford, ON N5A 2Y6
519-272-8210 ext. 2299

SECONDARY STROKE PREVENTION CLINIC PATIENT REFERRAL FORM

Patient Name: _____

Address: _____

DOB: _____ **Age:** _____

Health Card #: _____

Telephone: _____

IF PATIENT PRESENTS WITHIN 48 HOURS OF STROKE SYMPTOMS ONSET, PATIENT NEEDS TO BE SENT TO THE NEAREST CT CAPABLE EMERGENCY DEPARTMENT IMMEDIATELY

THE FOLLOWING INFORMATION MUST BE COMPLETED AS PART OF THE REFERRAL:

SEE REVERSE SIDE OF THIS FORM FOR REFERRAL CRITERIA AND GUIDELINES FOR APPROPRIATENESS OF REFERRAL

For neurologic symptoms not listed as clinical features, consider referral to an alternative specialized care provider or the Urgent Neurology Clinic in London (if appropriate)

DATE & TIME OF RECENT EVENT: ☐ Known ☐ Estimate

Date: Time:

Duration of Symptoms:
_____ seconds
_____ minutes
_____ hours
_____ days

Frequency of Symptoms:
☐ Single
☐ Recurring/transient
☐ Persistent

Clinical Features (check all that apply):

☐ **UNILATERAL weakness**
☐ Face ☐ Arm ☐ Leg ☐ Right ☐ Left

☐ **UNILATERAL sensory loss**
☐ Face ☐ Arm ☐ Leg ☐ Right ☐ Left

☐ **Speech/Language disturbance**
☐Slurred speech ☐ Expressive/word finding difficulties

☐ **ACUTE vision change** ☐ Right ☐ Left
☐ Monocular ☐ Hemifield ☐ Binocular diplopia

☐ **Acute ataxia**

☐ **Vertigo** ***Must** have one or more additional symptoms*

RISK FACTORS ☐ Hypertension ☐ Dyslipidemia ☐ Diabetes

☐ Previous TIA/stroke
☐ Peripheral vascular disease
☐ History of carotid disease
☐ Current smoking/vaping
☐ Alcohol/drug abuse
☐ Other:
☐ Ischemic heart disease
☐ History atrial fibrillation
☐ History of sleep apnea
☒ Past smoking/vaping
☐ Known thrombophilia

Additional information: _____

Diagnostic Investigations ordered or results attached:

(Do not delay referral if investigations are outstanding.)

Investigation Results Attached:	Location Ordered:
☐ CT head ☐ CTA head & neck ****Ordered as URGENT****	
☐ Carotid Doppler/Ultrasound	
☐ Electrocardiogram	
☐ **14-day** holter monitor ***not required if known A-fib*	
☐ MRI head ☐ MRA head & neck	
☐ Bloodwork (lipids, A1c)	

Medications Initiated post event ☒Medication List Attached

Antiplatelet therapy ☐ASA ☐Plavix ☐Plavix x21 days + ASA

Anticoagulant ☐DOAC (drug & dose): _____

If patient is prescribed Warfarin: ☐ New start ☐ Already on

Stroke Best Practices

Antiplatelet therapy:

- IF CT head complete and NO evidence intracranial hemorrhage, initiate antiplatelet therapy unless indication for anticoagulation
- IF TIA or minor stroke (NIHSS 0-3) of non-cardioembolic origin presents within 48 hours of onset with a low risk of bleeding, initiate loading dose ASA 160 mg and/or Plavix 300 mg followed by dual antiplatelet therapy ASA 81 mg + Plavix 75 mg daily x 21 days, then ASA monotherapy. IF greater than 48 hours from onset, initiate antiplatelet monotherapy.

Anticoagulation if NEW atrial fibrillation/flutter:

- If TIA, consider oral anticoagulation if NO evidence of intracranial hemorrhage.
- If minor stroke (NIHSS 0-3), repeat CT in 3 days and if no bleed, consider anticoagulation.

☐ Instruct patient **NOT to drive** until seen in the SPC
☐ Review signs of stroke and when to call 9-1-1

Referring Practitioner Name: _____ **Phone:** _____

Signature: _____ **OHIP Billing #:** _____

Referral Date: _____ **Primary Care Provider:** _____

Please fax this form and copies of all investigations to HPHA Stroke Prevention Clinic (519) 272-8242

STROKE PREVENTION CLINIC GUIDE

The Secondary Stroke Prevention Clinic (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 the incidence of future stroke. All patients with a TIA or non-disabling minor stroke who present to a primary care provider or an ED and are discharged should be referred to a SPC.

Any of the following on their own **WITHOUT** a focal neurologic deficit or sign is **unlikely to be a TIA/stroke**:

- Transient symptoms lasting only seconds
- Seizure
- Isolated transient loss of consciousness or syncope
- Vasovagal syncope
- Peripheral neuropathy sensory disturbances
- Transient global amnesia
- Isolated non-vertiginous dizziness
- Vague generalized weakness without loss of power
- Unilateral LMN pattern facial weakness (Bell's Palsy)
- Twinkling/flashing lights/visual floaters

These referrals *may* be deferred back to the referral source or primary care physician for follow up.

****IF uncertain, you may call the Internal Medicine Physician On Call at Stratford General Hospital to review****

TRIAGE/RISK ASSESSMENT

VERY HIGH 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.	
HIGH RISK	**MODERATE (INCREASED RISK)**	**LOW RISK**
▪ Symptom onset between 48 hours and 2 weeks ▪ Symptoms are sudden in onset [persistent or transient or fluctuating]		▪ Symptom onset greater than 2 weeks
▪ Unilateral motor weakness AND/OR ▪ Speech/Language disturbance (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
Next available, ideally within 1 week	**Within 2 weeks from referral date**	**Within 1 month from referral date**

REFERRAL CHECKLIST

☐ Complete referral form with as much information as possible. Incomplete or illegible may result in delays.
☐ Attach a list of current medications with this referral
☐ Attach investigations and relevant medical notes
☐ Provide patient with the **Secondary Stroke Prevention Clinic Pamphlet** with the SPC contact information
☐ If concerned about a TIA/minor stroke, patient must be instructed NOT to drive until they have participated in a comprehensive neurologic assessment

Patient will be triaged for appropriateness and risk. If deemed appropriate, the SPC staff will contact the patient and arrange an appointment.

For more information, visit www.strokebestpractices.ca for the Canadian Stroke Best Practice Recommendations. Look for Secondary Prevention of Stroke.

STROKE PREVENTION CLINIC USE ONLY:

☐ Accepted ☐ Intake Booked ☐ Re-directed: _____ Date: _____