



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: **Frequency of Symptoms:**

- ____ seconds Single
 ____ minutes Recurring/transient
 ____ hours Persistent
 ____ days

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

Additional information: _____

Diagnostic Investigations ordered or results attached:

(Do not delay referral if investigations are outstanding.)

Investigation Results Attached:	Location Ordered:
<input type="checkbox"/> CT head <input type="checkbox"/> CTA head & neck **REQUIRED - Order as URGENT**	
<input type="checkbox"/> Carotid Doppler/Ultrasound	
<input type="checkbox"/> Echocardiogram	
<input type="checkbox"/> Electrocardiogram	
<input type="checkbox"/> 14-day holter monitor **not required if known A-fib	
<input type="checkbox"/> MRI head <input type="checkbox"/> MRA head & neck	
<input type="checkbox"/> 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
<ul style="list-style-type: none"> ▪ Symptom onset between 48 hours and 2 weeks ▪ Symptoms are sudden in onset [persistent or transient or fluctuating] 	<ul style="list-style-type: none"> ▪ Symptom onset greater than 2 weeks 	<ul style="list-style-type: none"> ▪ Any typical or atypical TIA or stroke symptoms
<ul style="list-style-type: none"> ▪ Unilateral motor weakness <p style="text-align: center;">AND/OR</p> <ul style="list-style-type: none"> ▪ Speech/Language disturbance (slurred speech or difficulty with expressing/word finding or comprehension) 	<p>No motor or speech/language disturbance but other sudden stroke symptoms such as:</p> <ul style="list-style-type: none"> ▪ 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 	
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: _____