STROKE
PREVENTION CLINIC
PATIENT SUMMARY

INFORMATION			
Date of visit		My nurse	
My doctor		Other	

MY DIAGNOSIS			
	Transient Ischemic Attack (TIA)		Ischemic Stroke
	Hemorrhagic Stroke		Other:

WHAT ARE MY STROKE RISK FACTORS? ***(CHECK THOSE THAT APPLY TO YOU)***

RISK FACTORS I CAN CHANGE				RISK FACTORS I CANNOT CHANGE	
	High blood pressure		Abdominal obesity		Atrial fibrillation
	Smoking/vaping		Inactivity		
	Diet/Unhealthy eating		High blood cholesterol		
	Uncontrolled diabetes		Alcohol intake		
	Sleep apnea		Stress/Mood		

MY PLAN OF CARE

NEW MEDICATIONS

Medication Name: Reason:	Medication Name: Reason:
Medication Name: Reason:	Medication Name: Reason:
Medication Name: Reason:	Medication Name: Reason:

You might be starting new medications. It is important to take them properly. Speak to your doctor, nurse or pharmacist if you have questions about any medications you are taking.

TESTS I STILL NEED	
1.	**2.**
3.	**4.**
All test results and your clinic visit note will be sent to your Family Doctor.	

APPOINTMENTS THAT HAVE BEEN MADE FOR ME:	
1.	**2.**
3.	**4.**
Schedule a visit with your Family Doctor to discuss the results of any tests that were not yet available at the time of your visit at the Stroke Prevention Clinic. Bring this document to your next doctor's appointment and review it with them.	

DRIVING	
	No restrictions on driving
	Do not drive for _____ days Next steps:
	Do not drive – Ministry of Transportation has been notified. Next steps:

Support Services in my Community | **www.thehealthline.ca**
Community and Social Services Helpline | **Call 2-1-1**
For Stroke Information | **www.heartandstroke.ca**

Stroke and TIA are a medical emergency!

CALL 911

Learn and recognize and respond immediately to any of these signs of stroke. Call 9-1-1 even if your symptoms go away.

Face is it drooping?
Arms can you raise both?
Speech is it slurred or jumbled?
Time to call 9-1-1 right away.

WHO TO CONTACT WITH QUESTIONS:

SITE LOGO:

MY STROKE RISK FACTORS

RISK FACTORS	CURRENT	TARGET	THINGS I CAN CHANGE
Blood Pressure 	Today's blood pressure:	Systolic (mm Hg) / Diastolic (mm Hg) Below 140 / Below 90 — CLINIC Below 130 / Below 80 — DIABETES Below 135 / Below 85 — AT HOME	
Cholesterol 	Cholesterol: LDL: Triglycerides: Non HDL-C: HDL:	Total: <5.2 LDL: < Triglycerides: <1.7 Non HDL-C: <2.6 HDL: >1.0 (men) >1.3 (women)	
Diabetes 	HbA1C: Fasting blood sugar:	For most people: HbA1C: 7% or less Fasting blood sugar: 4-7mmol/L	
Smoking/vaping 	☐ Smoking ☐ Cutting back ☐ Non-smoker	Smoke and tobacco free	
Waist Circumference 	Waist circumference:	Men: <102 cm (40") Women: <88 cm (35")	
Diet 	Meals/day: Fruits & veggies/day:	3 meals per day 7 servings of fruits & vegetables/day	
Inactivity 	Exercise: Minutes/day: Days/week:	150 minutes moderate to vigorous activity per week in periods of 10 minutes or more	
Alcohol Intake 	Drinks/week:	Women: <10 drinks a week to a maximum of 2 per day. Men: <15 drinks a week to a maximum of 3 per day. In some cases NO alcohol.	
Sleep 	Sleep _____ hours/night Sleep apnea: ☐ Yes or ☐ No	Sleep 6 to 8 hours/night	
Stress/Mood 	☐ Feeling stress ☐ Feeling depressed	Reduce activities that cause stress	
Atrial Fibrillation 	Atrial fibrillation: ☐ Yes ☐ No	Medication prescribed:	