

Patient ID Label-Include DOB: Contact Info: Best Phone Number to Reach Patient:

Email Address:

Stroke Prevention Clinic Contact Info:

Hours of Operation: Triage of Referrals:

IF PATIENT PRESENTS WITHIN 48 HOURS OF STROKE SYMPTOM ONSET, SEND PATIENT TO EMERGENCY DEPARTMENT				
THE FOLLOWING INFORMATION MUST BE COMPLETED)			
□ New Referral □ Post Discharge Follow-U	Diagnostic Investigations ordered or results attached (do not delay referral if investigations not done):			
Reason for Referral:	Investigations Location			
□ TIA □ Stroke	□ CT (head) □ CTA (head & neck)			
□ Query TIA/Stroke	□ MRI (head) □ MRA (head & neck)			
□ Carotid Stenosis	☐ Carotid Doppler/Ultrasound			
□ Other:	□ECG			
Date & Time of Most Recent Event:	□ Echocardiogram			
	☐ Holter/Event Monitor			
	□ Bloodwork			
Duration & Frequency of the Symptoms:	☐ Other:			
□ < 10 mins □ Single episode	Consults ordered or consult reports attached:			
□ 10-59 mins □ Recurrent or fluctuating	·			
□ 60 mins or more □ Persistent	☐ Other:			
Clinical Features Check (√) all that applies:				
□ Unilateral weakness (□ face □arm □leg) □L □R	Medications (Attach List)			
□ Unilateral sensory loss (□ face □arm □leg) □L □F	Medication initiated post event:			
□ Speech/language disturbance (e.g., slurred o	r			
expressive/word finding difficulty)	□ Anticoagulant:			
□ Acute Vision Change: □ Monocular	□ Other:			
□ Hemifield				
□ Binocular Diplopia	Key Best Practices:			
	Antithrombotic therapy prevents stroke.			
□ Other:	Patients with confirmed TIA or ischemic stroke should start			
Vascular Risk Factors (Check $()$ all that applies	antiplatelet therapy unless anticoagulation is indicated.			
□ Hypertension □ Dyslipidemia	Identification of moderate to high grade (50-99%) steriosis on			
□ Diabetes □ Cancer	CTA or carotid ultrasound typically warrants urgent referral to the specialist for assessment of possible			
 Ischemic Heart Disease 	the specialist for assessment of possible carotid procedure.			
 History of atrial fibrillation 	Visit: www.strokebestpractices.ca/			
 Previous Stroke or TIA 	recommendations/secondary-prevention-of-stroke			
 Previous known Carotid disease 	recommendations/secondary prevention of stroke			
 Peripheral Vascular Disease 	Key Health Teaching:			
□ Current smoking/vaping □ Past smoking/vapi	ng Review Signs of Stroke & when to call 911.			
□ Alcohol Abuse □ Drug Abuse	Recommend refrain from driving until seen in SPC.			
□ Other:	TIA/Stroke Education package provided (if applicable).			
Additional Information:				
Referral Source: □ Primary Care Family Physician or Nurse Practitioner □ ED Physician □ Specialist □ Inpatient Unit:				

OHIP Billing #

Send Referral Form Including All Investigations, Medication List & Documentation to Stroke Prevention Clinic at:

Original: July 2020; Updated September 2023

Printed Name:

Referral Date:

Upon Receipt Referrals will be Triaged Accordingly.



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GUIDE

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

Triage Pathway:

High Risk → Patients who present <u>within 48 hours</u> of suspected TIA or Stroke should receive an <u>evaluation*</u> immediately in the Emergency Department (ED)**. If discharged from ED, refer to the local SPC.

Lower Risk → Patients who present <u>after 48 hours</u> of suspected TIA or stroke should receive an <u>evaluation</u>* as soon as possible and refer to the local SPC. If stroke symptoms are persistent, admit to hospital.

Likely symptoms of TIA or Stroke: Sudden persistent or fluctuating or transient symptoms, unilateral motor weakness, speech/language disturbance, unilateral profound sensory loss in two contiguous body segments [face/arm or arm/leg], visual disturbance [monocular or hemi-visual loss or binocular diplopia], and/or ataxia.

*Evaluation: Comprehensive clinical assessment, Brain Imaging, Vascular Imaging, Cardiac Monitoring (ECG, Holter or Loop) AND antiplatelet(s) OR anticoagulation started.

**In Ontario, there are a few hospitals that offer a Rapid TIA Clinic where patients are seen immediately and have same day stroke evaluation competed.

Adapted from the Canadian Stroke Best Practice Recommendations: Click here for more information.

Carotid Stenosis Consultation Recommendations:

<u>Urgent consultation</u> with (organization to indicate ____ Vascular Surgery or ___ Neurosurgery) for Stroke or TIA with 50-99% carotid stenosis <u>OR elective referral</u> to (organization to indicate ___ Consultant service and/or if ___ Triaged by Stroke Prevention Clinic) for remotely symptomatic (e.g., greater than 6 months) or asymptomatic carotid stenosis. Include reason for consultation including date of event, clinical presentation, and history.

- CTA or MRA is completed to confirm candidacy for carotid intervention
- Process to Request:
- Refer also to the Stroke Prevention Clinic

STROKE PREVENTION CLINIC USE ONLY		
□ Accepted Date:		
□ Re-directed to:	Date:	