St. Thomas Elgin General Hospital
189 Elm St. St. Thomas ON. N5R 5C4 (519)631-2030 Ext 2125

Patient Label

Secondary Stroke Prevention Clinic Referral

The following form MUST be completed by the Referring Physician or Nurse Practitioner

Patient/Caregiver BEST contact number:_____

Age: _____ years

Reason for referral: ☐ TIA ☐ Stroke ☐ Carotid Stenosis

☐ Other: _____

Date of most recent TIA / Stroke event: _____

☐ **New Consult** ☐ **Follow- Up Consult**

Clinical Features: (check (✓) all that apply)

☐ Unilateral weakness: ☐ face ☐ arm ☐ leg (☐ L ☐ R)
☐ Unilateral sensory loss: ☐ face ☐ arm ☐ leg (☐ L ☐ R)
☐ Speech disturbance (slurred or expressive/word finding difficulty)
☐ Amaurosis Fugax (Consider ordering CRP)
☐ Hemianopsia

Other: _____

Duration of Symptoms:

_____
_____
_____

Frequency of Symptoms:

☐ Single episode ☐ Recurring/Fluctuating

Risk Factors: (check (✓) all that apply)

☐ Hypertension
☐ History of atrial fibrillation
☐ Diabetes
☐ Hyperlipidemia
☐ Ischemic Heart Disease
☐ Previous stroke or TIA
☐ Previous known carotid disease
☐ Current or past stroke
☐ History of sleep apnea
☐ Smoking

Tests ordered or results attached for:

☐ *CT head Date: _____
☐ *EKG Date: _____
☐ *CBC, Cr, Lytes, INR Date: _____
☐ ** Lipids, HbA1C, Date: _____
☐ **US Carotid Date: _____
☐ CTA Date: _____

* The above tests should be performed in the ER.

** Additional test may be ordered on behalf of the SSPC MD who will follow up on these results.

For referrals from primary care providers, defer ordering tests and refer directly to the Stroke Prevention Clinic.

Treatment initiated: (check (✓) all that apply including dose)

☐ Antiplatelet therapy: _____
☐ Anticoagulant: _____
☐ Other: _____

Key Best Practice Guidelines

Antiplatelet Therapy:

- acute antiplatelet therapy helps to prevent stroke
- all patients with ischemic stroke or TIA should be prescribed Aspirin AND Clopidogrel for 21 days unless there is an indication for anticoagulation

Anticoagulation:

- TIA and atrial fibrillation patients should receive oral anticoagulation with ischemic stroke or as soon as it is thought to be safe for the patient

Carotid Stenosis:

- identification of a moderate to high-grade (50-99%) symptomatic stenosis on carotid ultrasound typically warrants urgent referral to the Stroke Prevention Clinic or the Neurologist on call, for assessment of possible carotid intervention

Referred by: _____ (Printed Name) _____ (Signature and Designation) _____ (Billing Number) _____ Name (yyyy/mm/dd)

☐ Family Physician ☐ Nurse Practitioner ☐ ER Physician ☐ Specialist _____

For Primary Care Providers Fax the following items to the Stroke Prevention Clinic: BPMH, ECG, Relevant test results if available
DO NOT DELAY referring patient to the Stroke Prevention Clinic if tests are not done or results are not available.
Provide patient & family with Stroke Prevention Clinic Handout

Fax Completed Referral Form to 519-637-3097