Hamilton Health Sciences

STROKE PREVENTION CLINIC PATIENT REFERRAL

Clinic Located at the Hamilton General Hospital Site
237 Barton St. East 905-521-2100 ext 44713

Fax completed referral form to: 905-577-8044

The purpose of the secondary Stroke Prevention Clinic is to provide quick access to consultation and diagnostic testing for patients identified to be at risk for stroke.

Patient's Last Name First Name

Address

City Province Postal Code

ID Number HIN

Patient's Birthdate (yyyy/mm/dd) Age Sex ☐ M ☐ F

Home Phone Number Work / Alternate Phone Number

Persons presenting with recent stroke symptoms and/or requiring emergency neurological consultation should be directed to the nearest Emergency Department.
The following form MUST be completed by the Referring Physician or Nurse Practitioner.

Patient/caregiver BEST contact number: _____

BP at time of event: _____

Reason for referral: ☐ TIA ☐ Stroke ☐ Carotid Stenosis
☐ Other: _____

Date of most recent TIA / Stroke event: _____ *(yyyy/mm/dd)*

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
☐ Hemianopsia
☐ Other: _____

Duration of Symptoms: (Check (✓) most appropriate)
☐ ___ Seconds
☐ ___ Minutes **OR** ☐ greater than 10 min.
☐ ___ Hours
☐ ___ Days

Frequency of Symptoms: ☐ Single episode ☐ Recurring / Fluctuating

Risk Factors: (Check (✓) all that apply)
☐ Hypertension
☐ Previous stroke or TIA
☐ History of atrial fibrillation
☐ Previous known carotid disease
☐ Diabetes
☐ Current or past smoker
☐ Hyperlipidemia
☐ History of sleep apnea
☐ Ischemic Heart Disease

Tests ordered or results attached for:*
☐ CT head (or MRI) _____
☐ Carotid imaging _____
☐ ECG _____
☐ Bloodwork: including lipid panel and HA1C

* Head imaging should be performed in the ER since abnormalities may lead to admission.

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

Treatment initiated: Check (✓) all that apply
☐ Antiplatelet therapy: _____
☐ Anticoagulant: _____
☐ Other: _____

Key Best Practices

****Head imaging required prior to initiating antithrombotic therapy****

Antiplatelet Therapy:
- patients with ischemic stroke or TIA should be prescribed antiplatelet therapy unless there is an indication for anticoagulation

Anticoagulation:
- patients with ischemic stroke or TIA and atrial fibrillation should receive oral anticoagulation 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) Date (yyyy/mm/dd)

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

Fax the following items to the Stroke Prevention Clinic: ER record, ECG, test results and bloodwork if available
Do not delay referring patient to the Stroke Prevention Clinic if tests are not done or results are not available.