

**Secondary Stroke Prevention Clinic REFERRAL FORM**

Fax completed referral form to:

**FAX: 519-749-4351**

Telephone: 519-749-4300 ext. 2611

Patient label

**The following form MUST be completed by the Referring Physician.**

Age: \_\_\_\_\_ years

Date of most recent TIA/Stroke Event: \_\_\_\_\_

**Clinical Features:** (Check (✓) all that apply)

- Unilateral weakness (face, arm, leg)
- Unilateral sensory loss (face, arm, leg)
- Speech disturbance
- Amaurosis fugax
- Other: \_\_\_\_\_

**Duration of Symptoms:** (Check (✓) most appropriate)

- \_\_\_ Seconds
- \_\_\_ Minutes
- \_\_\_ Hours
- \_\_\_ Days
- Intermittent/ Recurring

**Risk Factors:** (Check (✓) all that apply)

- History of Atrial Fibrillation
- Hypertension
- Hyperlipidemia
- Diabetes
- Ischemic Heart Disease
- Current Smoker or History of Smoking
- Previous Stroke or TIA
- Previous known Carotid Disease

**Order the following diagnostic tests:**

- CT Head Non Contrast
- Carotid Imaging
- 12 Lead ECG

These tests (above) should be performed as soon as possible, since abnormalities could potentially lead to admission OR referral to surgery

- Bloodwork:** random glucose, random lipid assessment, HgbA1C creatinine, electrolytes, hepatic panel, CBC, INR, PTT, ESR, urea

**Treatment initiated:** (Check (✓) all that apply)

- Antiplatelet therapy \_\_\_\_\_
- Anticoagulation: \_\_\_\_\_
- ACE or ARB: \_\_\_\_\_
- Statin: \_\_\_\_\_
- Other: \_\_\_\_\_
- Date of Carotid Ultrasound: \_\_\_\_\_

**Best Practice Recommendations:**

- \* Acute Antiplatelet Therapy prevents stroke
- \* **Identification of a moderate to high-grade (50-99%) stenosis on carotid ultrasound typically warrants urgent referral to a neurovascular surgeon for assessment of possible carotid endarterectomy.**

**PLEASE NOTE ANY INFORMATION THAT MAY ASSIST IN TRIAGING THE URGENCY OF THIS REFERRAL:**

Referred by:  Family Physician     ER Physician     Hospitalist     Other \_\_\_\_\_

Printed Name \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Physician billing number: \_\_\_\_\_ Date \_\_\_\_\_

Has the patient consented to be contacted by telephone?  yes     no  
 Has the patient consented to having a message left at the telephone number provided?  yes     no

## **Guidelines for Referral to the Secondary Stroke Prevention Clinic (SSPC)**

**Mandate:** To provide quick access to consultation, investigations and treatment to identify and minimize the risk factors for stroke for those at greatest risk in the Waterloo-Wellington Region. Those at greatest risk include individuals who have had a recent transient ischemic attack (TIA) or stroke.

**Criteria for Referral:** (one must apply)

- An individual with a recent TIA or minor stroke not requiring admission to hospital. Note: TIA constitutes focal neurological signs or symptoms <24 hours in duration.
- An individual with a recent TIA or stroke who was discharged from hospital, but requires follow-up diagnostics and/or consultation that were not done during the admission.

**Referral Process:**

1. Complete the following **orders** if you are able to do so in a timely way. **Do not delay referring** to complete these tests as they can be completed through the SSPC.
  - CT scan of head
  - Carotid ultrasound **\*to be completed within 24 hours of event\***
  - ECG
  - CBC, lytes, BUN, Creatinine, glucose, ESR, LFTs, INR, PTT
  - Random glucose, Random Lipid Assessment, HgbA1C
2. **Fax** completed referral to 519-749-4351 along with any relevant documentation to the SSPC. Include any prior studies of the head, neck or heart.
3. Give the patient the **TIA package** including *Patient Instructions for the Secondary Stroke Prevention Clinic*.

**In all cases, the Secondary Stroke Prevention Clinic staff will arrange an appointment and contact the patient directly.**

**Phone 519-749-4300 ex: 2611 with any questions.**

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