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
- 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, lyses, 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.

FAX to: 519-749-4351