



### Stroke Prevention Clinic Referral Form

Phone: (705) 728-9090 ext.46315 Fax: (705) 728-3039

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

HRN: \_\_\_\_\_

(addressograph)

**All patients who present to a primary care provider, who have been treated in an ED and discharged, or who have been hospitalized with a stroke or TIA, should be referred to the Stroke Prevention Clinic. Non-stroke patients requiring non-urgent neurological consultation should be referred to a neurologist and if patient requires emergency neurological consultation, direct patient to ED.**

**Very HIGH RISK patients who present within 48 hours of suspected TIA or Nondisabling Ischemic Stroke should have clinical evaluation and investigations completed IMMEDIATELY in an ED with Stroke Care Services.**

**Date of Event: (dd/mm/yy) \_\_\_\_\_ Time of Event: (hh:mm) \_\_\_\_\_**

**Reason for Referral:**  
\_\_\_\_\_  
\_\_\_\_\_

**Signs and symptoms:**

Unilateral Weakness	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Face <input type="checkbox"/> Arm <input type="checkbox"/> Leg
Sensory Changes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Face <input type="checkbox"/> Arm <input type="checkbox"/> Leg
Vision Changes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Anisocoria <input type="checkbox"/> Hemianopsia
Speech Disturbances	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Dysarthria <input type="checkbox"/> Aphasia	
Duration of Symptoms	<input type="checkbox"/> Less than 10 mins <input type="checkbox"/> 10-60 mins <input type="checkbox"/> Greater than 60 mins <input type="checkbox"/> Single episode <input type="checkbox"/> Recurrent or fluctuating <input type="checkbox"/> Other: _____		

Investigations <i>(please attach completed results to referral form)</i>	Date Ordered <i>(dd/mm/yy)</i>	Date Completed <i>(dd/mm/yy)</i>	Location	Risk Factors <i>(please check all that apply)</i>	Medications <i>(please list or attach medication list to referral form)</i>
<input type="checkbox"/> ECG				<input type="checkbox"/> Previous Stroke or TIA	
<input type="checkbox"/> CT/CTA				<input type="checkbox"/> Hypertension	
<input type="checkbox"/> MRI/MRA				<input type="checkbox"/> Atrial Fibrillation	
<input type="checkbox"/> ECHO/TEE				<input type="checkbox"/> Dyslipidemia	
<input type="checkbox"/> Holter				<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Carotid Ultrasound				<input type="checkbox"/> CAD/PVD	
<input type="checkbox"/> Bloodwork				<input type="checkbox"/> Smoking	
<input type="checkbox"/> Other:				<input type="checkbox"/> Drug abuse	
				<input type="checkbox"/> Obstructive Sleep Apnea	
				<input type="checkbox"/> Other:	

**Has patient ever been referred or consulted by:**

**Neurologist**  Yes MD \_\_\_\_\_  No  Unknown **SPC**  Yes, location \_\_\_\_\_  No  Unknown  
**Vascular Surgery**  Yes MD \_\_\_\_\_  No  Unknown

Referred by <i>(print first and last name)</i>	Signature	Billing #	Date <i>(dd/mm/yy)</i>

Primary Care Provider  ED MD (Hospital):  Other Specialist involved in care:

**SPC Office Use Only**

**Date Referral Received: (dd/mm/yy) \_\_\_\_\_ Time Referral Received: (hh:mm) \_\_\_\_\_**

**Triage Risk Stratification: ( please circle appropriate triage category based on the Canadian Stroke Best Practice Recommendations)**

1.	High Risk	Assessment as soon as possible, ideally within 24 hours of referral
2.	Moderate (Increased) Risk	Assessment as soon as possible, ideally within 2 weeks of referral
3.	Lower Risk	Assessment ideally within 1 month of referral
4.	Redirected	<input type="checkbox"/> Internal Medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Vascular Surgery

<b>Triage completed by:</b> <i>(print name)</i>	<b>Signature:</b>	<b>Triage Date:</b> <i>(dd/mm/yy)</i>	<b>Triage Time:</b> <i>(hh:mm)</i>
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**Note:** The above SPC Referral form **MUST** be completed in its entirety in order to process the referral form. For further recommendations please refer to:  
▪ Secondary Stroke Prevention Management Recommendations **(page 2)**  
▪ Initial Risk Stratification and Management of TIA and Nondisabling Stroke Collaborative Care **(page 3)**

**Please fax completed referral form including all investigation results, medication list and documentation to the Stroke Prevention Clinic at 705-728-3039.**



## Secondary Stroke Prevention Management Recommendations

(Recommendations for primary care provider, Emergency Department, Stroke Prevention Clinics, and hospitals providing stroke services)

<b>Carotid Stenosis Management Recommendations:</b>	
<ul style="list-style-type: none"> <li>• Urgent consultation with Vascular Surgery for Stroke, TIA and Nondisabling Stroke with 50-99% carotid stenosis or elective referral for remotely symptomatic or asymptomatic stenosis (e.g. greater than 6 months) and complete Vascular Surgery Referral Form, please identify: _____</li> </ul>	
<b>Atrial Fibrillation Management Recommendations:</b>	
<b>If patient is being investigated for Acute Embolic Ischemic Stroke or TIA:</b>	
<ul style="list-style-type: none"> <li>• 24 hour ECG monitoring is recommended</li> </ul>	
<b>If patient is being investigated for Acute Embolic Ischemic Stroke or TIA of undetermined source whose initial ECG did not reveal atrial fibrillation but a cardioembolic mechanism is suspected:</b>	
<ul style="list-style-type: none"> <li>• 2 week ECG monitoring is recommended</li> </ul>	
<b>Risk Factor Stroke Management Medication Recommendations</b> (refer to the CSBPR)	
<p><b>Antiplatelet Therapy</b> ( All patients with ischemic stroke or TIA should be received antiplatelet therapy unless contraindicated)</p> <ul style="list-style-type: none"> <li>▪ Enteric Coated Acetylsalicylic Acid (EC ASA) 160 mg PO x 1 loading dose in ED after CT imaging has excluded intracranial hemorrhage, <b>THEN</b></li> <li>▪ Acetylsalicylic Acid (ASA) 81 mg PO daily <b>OR</b></li> <li>▪ Clopidogrel (Plavix) 300mg PO x 1 dose in ED after CT imaging has excluded intracranial hemorrhage, <b>AND</b></li> <li>▪ Clopidogrel (Plavix) 75 mg PO daily <b>OR</b></li> <li>▪ Dipyridamole 200 mg /Acetylsalicylic Acid 25 mg (Aggrenox) one capsule PO twice daily <b>OR</b></li> <li>▪ Enteric Coated Acetylsalicylic Acid (EC ASA) 81 mg PO daily plus Clopidogrel (Plavix) 75 mg PO daily</li> </ul> <p>Note:</p> <ul style="list-style-type: none"> <li>• Very High Risk TIA patients or minor stroke of noncardioembolic origin, a combination of Clopidogrel and ASA should be given for 21 days followed by antiplatelet monotherapy indefinitely</li> <li>• Short term use of ASA and Clopidogrel (up to 21 days) has not shown an increased risk of bleeding</li> <li>• Dual antiplatelet therapy should be started in ED as soon as possible after brain imaging, within 24 hours of symptom onset and ideally within 12 hours</li> <li>• In dysphagia patients, ASA (80 mg daily) and Clopidogrel (75 mg daily) may be given by enteral tube or ASA by rectal suppository (325 mg daily)</li> </ul>	<p><b>Anticoagulation</b> (Patient with TIA or ischemic stroke and nonvalvular atrial fibrillation should receive oral anticoagulation unless contraindicated)</p> <ul style="list-style-type: none"> <li>▪ Apixiban (Eliquis) 2.5 mg PO twice daily</li> <li>▪ Apixiban (Eliquis) 5 mg PO twice daily <b>OR</b></li> <li>▪ Dabigatran (Pradaxa) 110 mg PO twice daily</li> <li>▪ Dabigatran (Pradaxa) 150 mg PO twice daily <b>OR</b></li> <li>▪ Rivaroxaban (Xarelto) 15 mg PO daily</li> <li>▪ Rivaroxaban (Xarelto) 20 mg PO daily</li> </ul> <p>Note:</p> <ul style="list-style-type: none"> <li>• Most patients with ischemic stroke or TIA and atrial fibrillation, should be prescribed direct non-vitamin K oral anticoagulants (DOAC) over warfarin and CrCl should be assessed.</li> <li>• Patients with acute ischemic stroke and atrial fibrillation, routine use of bridging with heparin is not recommended</li> <li>• Patients with ischemic stroke or TIA and atrial fibrillation who are unable to take oral anticoagulant therapy, aspirin alone is recommended</li> <li>• Patients already receiving warfarin with good INR control (range 2.0-3.0 with TTR &gt;70%), continuing warfarin is a reasonable anticoagulation option</li> <li>• Patients with mechanical heart valve, warfarin is recommended with INR monitoring; non-vitamin K oral anticoagulants are contraindicated</li> </ul>
<b>Other Risk Factor Stroke Management Medication Recommendations:</b>	
<ul style="list-style-type: none"> <li style="width: 50%;">• ACE inhibitor or ARB</li> <li style="width: 50%;">• Statin</li> <li style="width: 50%;">• Thiazide Diuretic</li> <li style="width: 50%;">• Antihyperglycemic agents</li> </ul>	
<b>Discharge Plan</b> ( if applicable)	



<ul style="list-style-type: none"> <li>• Advise patient not to drive until advised by a physician</li> <li>• Review warning signs of Stroke and when to call 911</li> <li>• Complete Physician Report for Stroke/TIA Bypass form</li> <li>• Provide stroke education package (if applicable)</li> <li>• Complete Swallowing Screening (e.g. TOR-BSST©) <input type="checkbox"/> Passed <input type="checkbox"/> Failed</li> </ul>	<b>F</b> ace is it drooping? <b>A</b> rms can you raise both? <b>S</b> peech is it slurred or jumbled? <b>T</b> ime to call 9-1-1 right away.
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## Initial Risk Stratification and Management of Transient Ischemic Attack and Nondisabling Stroke Collaborative Care Recommendations

(Recommendations for primary care provider, Emergency Department, Stroke Prevention Clinics, and hospitals providing stroke services)

<b>Very HIGH RISK</b>		
Patients who present within 48 hours of suspected TIA or Nondisabling Ischemic Stroke should have clinical evaluation and investigations completed IMMEDIATELY in an ED		
HIGH RISK	MODERATE (INCREASED) RISK	LOWER RISK
Time from Stroke Symptom Onset to Healthcare Presentation		
Between 48 hours and 2 weeks	Between 48 hours and 2 weeks	More than 2 weeks
Presenting Symptoms		
<ul style="list-style-type: none"> <li>• Transient, fluctuating or persistent unilateral weakness (face, arm, and/or leg) or,</li> <li>• Speech disturbance/aphasia</li> </ul>	<ul style="list-style-type: none"> <li>• Fluctuating or persistent symptoms <b>without motor weakness</b> or speech disturbance (e.g. hemibody sensory symptoms, monocular vision loss, binocular diplopia, hemifield vision loss, or ataxia)</li> </ul>	<ul style="list-style-type: none"> <li>• Any typical or atypical symptoms of stroke or transient ischemic attack</li> </ul>
Clinical Evaluation		
Stroke Prevention Clinic <b>as soon as possible</b> , ideally within <b>24 hours</b> from referral date	Stroke Prevention Clinic <b>as soon as possible</b> , ideally within <b>2 weeks</b> from referral date	Stroke Prevention Clinic ideally within <b>1 month</b> from referral date
Diagnostic Investigations		
(Note: patients should have CT imaging complete prior to SPC visit if appropriate, additional laboratory investigations may be considered during patient encounter or as an outpatient, lower risk tests to be done as appropriate based on initial assessment. Refer to the CSBPR Secondary prevention of stroke)		
<ul style="list-style-type: none"> <li>• CT/CTA or MRI/MRA (head and neck)</li> <li>• Carotid ultrasound (if CTA unavailable or contraindicated)</li> <li>• ECG</li> <li>• Lab work (CBC, PTT/INR, Electrolytes (Na, K, Cl, CO<sub>2</sub>) Urea, Creatinine eGFR, Random glucose or hemoglobin A1c, and Troponin)</li> </ul>		

**\*Note:** Refer to the Canadian Stroke Best Practice Recommendations (see [www.strokebestpractices.ca](http://www.strokebestpractices.ca))  
**\*Referral Sources:** emergency departments, primary care providers, stroke prevention clinics, hospitals providing stroke services

