



Patient ID Label  
 Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Contact Info: \_\_\_\_\_  
 Best Phone Number to Reach Patient: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Stroke Prevention Clinic Contact**  
**201 Georgian Drive, Barrie, ON**  
**Phone: 705-728-9090 Ext. 46315**  
**Fax: 705-728-3039**

**IF PATIENT PRESENTS WITHIN 48 HOURS OF STROKE SYMPTOM ONSET, SEND PATIENT TO EMERGENCY DEPARTMENT**

**THE FOLLOWING INFORMATION MUST BE COMPLETED**

New Referral       Post Discharge Follow-Up

**Reason for Referral**

TIA       Stroke       Query TIA/Stroke  
 Carotid Stenosis       Other: \_\_\_\_\_

**Date & Time of Most Recent Event:** \_\_\_\_\_

**Duration & Frequency of the Symptoms:**

<10 mins       10 - 59 mins       60 mins or more  
 Single episode       Recurrent or fluctuating       Persistent

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

Unilateral weakness ( face     arm     leg)     L     R  
 Unilateral sensory loss ( face     arm     leg)     L     R  
 Speech/language disturbance (e.g., slurred; expressive/word finding difficulty)  
 Acute Vision Change ( Monocular     Hemifield     Binocular Diplopia)  
 Ataxia  
 Other: \_\_\_\_\_

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

Hypertension       Previous known Carotid disease  
 Dyslipidemia       Peripheral Vascular Disease  
 Diabetes       Current smoking/vaping  
 Ischemic Heart Disease       Past smoking/vaping  
 History of atrial fibrillation       Alcohol Abuse  
 Previous Stroke or TIA       Drug Abuse  
 Other: \_\_\_\_\_

**Medications** (attach list)

**Medication(s) initiated post event:**

Antiplatelet therapy: \_\_\_\_\_  
 Anticoagulant: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Diagnostic Investigations Ordered or Results Attached:**

(Do not delay referral to SPC if investigations not done)

Investigations	Date	Location
<input type="checkbox"/> CT (head) <input type="checkbox"/> CTA (head & neck)		
<input type="checkbox"/> MRI (head) <input type="checkbox"/> MRA (head & neck)		
<input type="checkbox"/> Carotid Doppler / Ultrasound		
<input type="checkbox"/> ECG		
<input type="checkbox"/> Echocardiogram		
<input type="checkbox"/> Holter / Event Monitor		
<input type="checkbox"/> Bloodwork		
<input type="checkbox"/> Other:		

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

(Attach consult report if available):

SPC       Neurology       Vascular Surgery (for Carotid Stenosis)  
 Neurosurgery     Other: \_\_\_\_\_

**Referral Criteria:** All patients with a TIA or nondisabling minor stroke who present to a primary care provider, an ED and are discharged, or hospitalized with a stroke or TIA, should be referred to a Stroke Prevention Clinic (SPC). SPC is an outpatient clinic for individuals who have signs and symptoms of a recent stroke or TIA. The goal is to reduce incidence of future stroke. At RVH, SPC physicians include *Internists and Neurologists*. If your patient's concern is more suited to general Neurology evaluation, please refer to Neurology directly.

**Concurrent Referral Recommendations:**

- **Carotid Stenosis Consultation Recommendations:** Concurrent referral for Urgent consultation with Vascular Surgery for Stroke or TIA with 50-99% carotid stenosis. Consider concurrent elective referral to vascular surgery if there is remotely symptomatic (e.g., greater than 6 months) or asymptomatic carotid stenosis. Ensure CTA or MRA completed to confirm candidacy for carotid intervention on patients that are symptomatic, prior to consult with a vascular surgeon.
- Consider concurrent referral to ophthalmology for visual concerns and referral to community stroke rehabilitation program if there are rehabilitation needs.

**Key Best Practices:**

- See info above re: mild to high grade carotid stenosis
- Antithrombotic therapy prevents stroke.
- Patients with confirmed TIA or ischemic stroke should start antiplatelet therapy unless anticoagulation indicated
- <https://www.strokebestpractices.ca/recommendations/secondary-prevention-of-stroke>

**Key Health Teaching:**

- Review Signs of Stroke & when to call 911.
- Discuss the need to refrain from driving – refer to patient handout available at [https://cesnstroke.ca/wp-content/uploads/2021/07/CESN-Driving-after-Stroke-TIA\\_FINAL\\_AF.pdf](https://cesnstroke.ca/wp-content/uploads/2021/07/CESN-Driving-after-Stroke-TIA_FINAL_AF.pdf)
- Provide TIA/Stroke Education package (if applicable).

**Additional Information:** (e.g., allergies, code status ...)

\_\_\_\_\_

**Referral Source:**

Primary Care/Family Physician     Nurse Practitioner  
 ED Physician     Specialist     Inpatient Unit

**Printed Name:** \_\_\_\_\_  
**OHIP Billing #:** \_\_\_\_\_  
**Referral Date:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

Upon receipt, referral will be triaged accordingly, and patient contacted directly with appointment date and time.



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**GUIDE**

**Triage Pathway:**

**HIGH Risk for Recurrent Stroke** - Patients who present **within 48 hours** of New Acute Transient Ischemic Attack (TIA) or Stroke Symptoms should be assessed immediately in a CT-capable Emergency Department (ED) for comprehensive clinical evaluation and investigations.

Patients presenting **after 48 hours** from the onset of an acute stroke or TIA event should receive a comprehensive clinical evaluation and investigations as soon as possible by a healthcare professional with stroke expertise.

Triage is based on the "Ontario Triage Algorithm for Stroke Prevention Clinic Referrals". This Triage algorithm considers:

- presence of stroke symptoms based on MASH:
  - MOTOR** (Unilateral weakness: face or arm or leg)
  - ACUTE ATAXIA or VISION CHANGE** (monocular or hemifield vision loss or diplopia)
  - SPEECH** (dysarthric or dysphasia/aphasia)
  - HEMIBODY SENSORY** (unilateral numbness: face/arm or arm/leg)
- time since onset (e.g., beyond 48 hours, beyond two weeks)
- stroke evaluation completed (head imaging, vascular imaging, cardiac monitoring (ECG or Holter or Loop), antiplatelet or anticoagulation started)
- any urgent findings on evaluation (e.g., new stroke on imaging, untreated atrial fibrillation/flutter, untreated symptomatic >50% carotid stenosis, or other (thrombosis/dissection/stenosis))
- other high risks present

Every new referral will be contacted within 3-4 business days and provided with an appointment date and time.

**STROKE PREVENTION CLINIC USE ONLY**

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

**Date triaged:**(dd/mm/yy) \_\_\_\_\_

**Referral source:**

- |   |  |   |   |   |
|---|--|---|---|---|
| <input type="checkbox"/> RVH ED                 | <input type="checkbox"/> GBGH ED                         | <input type="checkbox"/> CGMH ED        | <input type="checkbox"/> HDMH ED        | <input type="checkbox"/> SMMH ED        |
| <input type="checkbox"/> RVH Inpatient          | <input type="checkbox"/> GBGH Inpatient                  | <input type="checkbox"/> CGMH inpatient | <input type="checkbox"/> HDMH inpatient | <input type="checkbox"/> SMMH inpatient |
| <input type="checkbox"/> Primary Care Physician | <input type="checkbox"/> Primary Care Nurse Practitioner |   |   | <input type="checkbox"/> Specialist     |

**Accepted**

**Triage Risk Stratification:**

- |  |   |
|--|---|
| <input type="checkbox"/> High Risk                 | Assessment as soon as possible, ideally within 24 hours of referral |
| <input type="checkbox"/> Moderate (Increased) Risk | Assessment as soon as possible, ideally within 2 weeks of referral  |
| <input type="checkbox"/> Lower Risk                | Assessment ideally within 1 month of referral                       |

**Date of Appointment:**(dd/mm/yy) \_\_\_\_\_

**Redirected**

**Redirected to:**  Internal Medicine  Neurology  Primary Care Provider  
 Vascular Surgery  Other: \_\_\_\_\_

**Date Redirected:**(dd/mm/yy) \_\_\_\_\_

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