



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
- 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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