

URGENT TIA CLINIC REFERRAL FORM

1030 Ouellette Avenue, Windsor ON N9A 1E1
 Phone: (519) 254-5577 Ext: 33665 Fax: (519) 255-2285
 Hours of Operation: Monday - Friday, 8:00 am - 4:00 pm

PATIENT LABEL
or

Name: _____
 DOB (mm/dd/yyyy): _____

_____ *Best Phone Number to Reach Patient*



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

HIGH risk for recurrent Stroke (symptom onset **within last 48 Hours**)

Individuals presenting within **48 hours** of symptoms consistent with a new acute stroke or transient ischemic attack event (especially transient focal motor or speech symptoms, or persistent stroke symptoms) are at the highest risk for recurrent stroke and should be immediately sent to an emergency department with capacity for stroke care.

URGENT TIA CLINIC REFERRALS MUST BE ACCEPTED BY (STROKE) NEUROLOGIST ON CALL.

Providers TIA will be transferred directly to the stroke neurologist via switchboard (519) 254-5577 EXT "0"

THE FOLLOWING INFORMATION IS REQUIRED FOR TRIAGE PURPOSES

<p>Reason for Referral: TIA Symptomatic Carotid Stenosis Stroke Query TIA/Stroke</p> <p>Date of Event (mm/dd/yyyy): _____</p> <p>Duration & Frequency of the Symptoms:</p> <table style="width: 100%;"> <tr> <td>Minutes</td> <td>Single episode</td> </tr> <tr> <td>Hours</td> <td>Recurrent or fluctuating</td> </tr> <tr> <td>Greater than 24 hours</td> <td>Persistent</td> </tr> </table> <p>Clinical Features Check (✓) all that applies:</p> <table style="width: 100%;"> <tr> <td>Unilateral weakness</td> <td>Face</td> <td>Arm</td> <td>Leg</td> <td>L</td> <td>R</td> </tr> <tr> <td>Unilateral sensory loss</td> <td>Face</td> <td>Arm</td> <td>Leg</td> <td>L</td> <td>R</td> </tr> <tr> <td>Speech/language disturbance</td> <td colspan="5"></td> </tr> <tr> <td>Acute Vision Change:</td> <td colspan="5"></td> </tr> <tr> <td></td> <td>Monocular</td> <td>Hemifield</td> <td>Binocular</td> <td colspan="2">Diplopia</td> </tr> </table> <p>** strong consideration for concurrent ophthalmology referral with monocular vision findings</p> <p>Ataxia _____ Other: _____</p> <p>Vascular Risk Factors Check (✓) all that applies:</p> <table style="width: 100%;"> <tr> <td>Hypertension</td> <td>Dyslipidemia</td> </tr> <tr> <td>Diabetes</td> <td>Ischemic Heart Disease</td> </tr> <tr> <td>Atrial fibrillation</td> <td>Previous Stroke or TIA</td> </tr> <tr> <td>Smoker</td> <td>Peripheral Vascular Disease</td> </tr> <tr> <td>Cancer</td> <td>Previous known Carotid Disease</td> </tr> <tr> <td>Alcohol Abuse</td> <td>Drug Abuse</td> </tr> </table> <p>Name of Neurologist Contacted: _____</p>	Minutes	Single episode	Hours	Recurrent or fluctuating	Greater than 24 hours	Persistent	Unilateral weakness	Face	Arm	Leg	L	R	Unilateral sensory loss	Face	Arm	Leg	L	R	Speech/language disturbance						Acute Vision Change:							Monocular	Hemifield	Binocular	Diplopia		Hypertension	Dyslipidemia	Diabetes	Ischemic Heart Disease	Atrial fibrillation	Previous Stroke or TIA	Smoker	Peripheral Vascular Disease	Cancer	Previous known Carotid Disease	Alcohol Abuse	Drug Abuse	<p>AFTER brain imaging, consider dual antiplatelet therapy</p> <ul style="list-style-type: none"> For patients with an acute high-risk transient ischemic attack or minor ischemic stroke of non-cardioembolic origin (NIHSS 0-3), who are not at high bleeding risk, dual antiplatelet therapy is recommended for a duration of 21 days after the event, followed by antiplatelet monotherapy. <p>Medication initiated post event:</p> <p>Antiplatelet: _____ Anticoagulant: _____ Other: _____</p> <p>Key Best Practices:</p> <ul style="list-style-type: none"> Antithrombotic therapy prevents stroke. Patients with confirmed TIA or ischemic stroke should start antiplatelet therapy unless anticoagulation is indicated Identification of moderate to high grade(50-99%) stenosis on CTA or carotid ultrasound with stroke like symptoms typically warrants urgent referral to Secondary Stroke Prevention Clinic Visit: https://www.strokebestpractices.ca/recommendations/secondary-prevention-of-stroke <p>Key Health Teaching:</p> <ul style="list-style-type: none"> Review Signs of Stroke & when to call 911 Recommend refrain from driving until seen in SPC <p>Additional Information:</p>
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**** ENSURE A CREATININE/eGFR LEVEL WITHIN 90 DAYS IS AVAILABLE ****

_____ Referral Date (mm/dd/yyyy) _____ MD/NP Name (Print) _____ MD/NP Signature

**Fax referral form to Urgent TIA Clinic.
 Upon receipt, referrals will be triaged accordingly and patients will be contacted with an appointment.**

