



URGENT TIA CLINIC REFERRAL FORM

Phone: 519-254-5577 Ext: 33665 FAX: 519-255-2285

Name: _____
Date of Birth: _____
Phone #: _____
HCN: _____

**** REFERRING PHYSICIANS MUST SPEAK WITH THE NEUROLOGIST ON CALL ****

**** PLEASE FAX ALL RELEVANT DIAGNOSTIC/LAB REPORTS ****

SIGNS / SYMPTOMS	SIDE (RIGHT/LEFT)
F -ACE (DROOP)	
A -RMS (WEAK)	
S -PEECH (DIFFICULTY)	
T -IME (LENGTH)	
TRANSIENT PAINLESS BLINDNESS	

MEDICATIONS	
LOADING DOSE	MAINTENANCE DOSE
<input type="checkbox"/> ASA 81 mg PO	<input type="checkbox"/> ASA 81 mg PO daily
<input type="checkbox"/> ASA 160 mg PO	<input type="checkbox"/> ASA 325 mg PO daily
<input type="checkbox"/> Clopidogrel 300 mg PO	<input type="checkbox"/> Clopidogrel 75 mg PO daily
<input type="checkbox"/> Clopidogrel 600 mg PO	<input type="checkbox"/> ASA 81 mg PO & Clopidogrel 75 mg PO daily

DUAL ANTIPLATELET THERAPY

For very high risk patients (ABCD² score greater than 4) with TIA or minor stroke of non-cardioembolic origin (NIHSS 0-3); loading dose followed by dual antiplatelet therapy should be started, after brain imaging.

ASA 81 mg PO & Clopidogrel 75 mg PO x 21-30 days. Resume monotherapy indefinitely.

Box 6A:

VERY HIGH Risk for Recurrent Stroke (Symptom onset within last 48 Hours): Patients who present **within 48 hours** of a suspected transient ischemic attack or non-disabling ischemic stroke with the following symptoms are **considered at highest risk** of first or recurrent stroke: transient, fluctuating or persistent unilateral weakness (face, arm and/or leg); transient, fluctuating or persistent *language/speech disturbance*; and/or fluctuating or persistent symptoms *without motor weakness or language/speech disturbance* (e.g. hemibody sensory symptoms, monocular vision loss, hemifield vision loss, +/- other symptoms suggestive of posterior circulation stroke such as binocular diplopia, dysarthria, dysphagia, ataxia).

For additional risk stratification, refer to Section Two of this module.



CSBPR; Sixth Edition; May 16, 2018. Taken from www.strokebestpractices.ca on May 23, 2019

Comments (Event Time/Duration/Date):

Referring Physician Name (Print)

Neurologist Contacted

Referring Physician (Signature)

Date