



HEALTH SCIENCES NORTH (HSN) STROKE PREVENTION (TIA) CLINIC REFERRAL FORM

PATIENT _____		PHONE NO. TO REACH PATIENT _____	
REFERRING PHYSICIAN _____		FAMILY PHYSICIAN _____	
REFERRING PHYSICIAN SIGNATURE _____		OHIP BILLING No. _____	
DIAGNOSIS _____	AGE _____	BLOOR PRESSURE IN ED/OFFICE/INPATIENT UNIT _____	
FIRST TIA <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF MOST RECENT TIA _____	

Please dictate or write a brief description of TIA event and relevant medical history

Time Of Onset To Presentation

- Less than 48 hours
- 48 hours to 2 weeks
- More than 2 weeks

Duration Of Symptoms

- Less than 10 minutes
- 10-59 minutes
- More than 60 minutes

CT Head

- No infarct
- Old infarct
- Acute/New infarct

Clinical Features (Please check all that apply)

- Speech Disturbance**
- Unilateral Weakness** Face Arm Leg Right Left
- Unilateral Sensory Symptoms** Face Arm Leg Right Left
(must affect two contiguous segments)
- Visual Loss** Right Left
- Vertigo** (must be accompanied by one other symptom-e.g. diplopia, facial droop, ataxia)
- Gait Disturbance** (must be accompanied by one other symptom-e.g. diplopia, facial droop)

Note: If neurological symptoms are not listed above, consider referral to neurology

Risk Assessment For Patients Presenting To The Emergency Department

Time Of Onset	Clinical Features	Risk Category	Investigations	Action
Less than 48 hours	Any clinical feature listed above	VERY HIGH	CT Head (unenhanced) CTA arch to vertex EKG	1. Initiate Antiplatelet/ anticoagulant if no blood on CT 2. Refer to Stroke Prevention Clinic
48 hours to 2 weeks	Speech disturbance Unilateral weakness	HIGH		
	Unilateral sensory Visual loss Vertigo accompanied by diplopia, ataxia	MODERATE		
More than 2 weeks	Any clinical feature listed above	LOWER	** Lower Risk ONLY: May order CTA as outpatient**	

Risk Assessment For Patients Presenting To Community Clinicians

- VERY HIGH** or **HIGH RISK** categories send to the nearest emergency department.
- MODERATE** or **LOWER RISK** features should be referred urgently to the stroke prevention clinic. The Stroke Prevention (TIA) Clinic will triage and order investigations

Medications Started:	<input type="checkbox"/> Antiplatelet	<input type="checkbox"/> Started <input type="checkbox"/> Continued	<input type="checkbox"/> Anticoagulant	<input type="checkbox"/> Started <input type="checkbox"/> Continued
-----------------------------	--	---	---	---

FAX: Referral Form and Referral Note to (705)-675-4796

For HSN ED only : Fax Referral Form as above and Enter in MEDITECH Order/Entry: Category: TIA Procedure: RFSTIAO

Triage of Referrals to Stroke Prevention Clinic during Covid-19 Outbreak

