

Stroke Prevention Clinic Referral

Fax this form and related records to one of the numbers listed below. *Telehealth and Face to Face services are available at all Edmonton clinics.*

Edmonton Zone Clinics

- UAH (Ph) 780-407-7363 (Fax) 780-407-6020
 RAH (Ph) 780-613-6155 (Fax) 780-613-6156
 GNCH (Ph) 780-735-9691 (Fax) 780-735-9690

Central Zone Clinic *(no Telehealth Service)*

- SMH - Camrose (Ph) 780-679-3112 (Fax) 780-679-3116

Is Telehealth service preferred? Yes No

All fields must be completed. Incomplete forms will result in assessment delays.

Patient Name		Date of Birth		Phone	
Alternate Contact Name				Phone	
Referring Physician		Date	Time	Referral Source: <input type="checkbox"/> Emergency Department <input type="checkbox"/> Physician office <input type="checkbox"/> Inpatient	
Family Physician					
Date of Symptom onset: _____					
As of referral date when did symptom(s) begin: <input type="checkbox"/> within the past 48 hours <input type="checkbox"/> greater than 2 weeks ago <input type="checkbox"/> within 48 hours to 2 weeks			Duration of Symptom(s): <input type="checkbox"/> transient <input type="checkbox"/> fluctuating <input type="checkbox"/> persistent		
Symptoms/Signs of event: <i>(check all that apply)</i> <input type="checkbox"/> unilateral motor weakness <i>(face, arm and/or leg)</i> <input type="checkbox"/> acute visual loss <input type="checkbox"/> speech disturbance <input type="checkbox"/> diplopia <input type="checkbox"/> hemibody sensory loss <input type="checkbox"/> ataxia <input type="checkbox"/> other: _____			<p>If any listed symptoms (to the left) began within the past 48 hours OR Speech/motor symptoms within the past 2 weeks Contact RAAPID 1-800-282-9911</p>		
NOTE: Isolated syncope or dizziness is rarely a TIA and may not require Stroke Prevention Clinic referral; consider referral to general Neurology and/or Cardiology.					
Relevant Health History: <i>(check all that apply)</i> <input type="checkbox"/> previous stroke or TIA <input type="checkbox"/> hypertension <input type="checkbox"/> atrial fibrillation <input type="checkbox"/> diabetes <input type="checkbox"/> hyperlipidemia <input type="checkbox"/> carotid disease <input type="checkbox"/> smoking <input type="checkbox"/> coronary artery disease					
Please indicate status of the following investigations and fax available results with this referral:				Ordered	Completed
CT Scan of head					
CT Angiogram					
Carotid Ultrasound					
Is patient taking antiplatelet/anticoagulant therapy: <i>(please indicate)</i> <input type="checkbox"/> ASA <input type="checkbox"/> dipyridamole-ASA (AGGRENEX) <input type="checkbox"/> clopidogrel (PLAVIX) <input type="checkbox"/> warfarin (COUMADIN) <input type="checkbox"/> apixaban (ELIQUIS) <input type="checkbox"/> dabigatran (PRADAXA) <input type="checkbox"/> rivaroxaban (XARELTO) Other _____					

Edmonton Zone Transient Ischemic Attack/Non-Disabling Stroke – Highest/High, Moderate and Low/Lowest Risk

Transient, persistent or fluctuating symptoms of:
Unilateral arm or leg weakness or facial droop
 And/or speech disturbances

YES

Within 48 hours of symptom onset

Within 11 p.m. and 7 a.m. For stable patients presenting within this time frame imaging and consultation could occur after 7 a.m.

YES

Highest Risk

Specialist consultation (including by phone) and required diagnostics at most within **12 hours** of presentation. See required diagnostics list.

Note: No carotid imaging routinely available for TIA between 11 p.m. and 7 a.m. For stable patients presenting within this time frame imaging and consultation could occur after 7 a.m.

Initiate the following before discharge from ED: antiplatelet therapy (if r/o hemorrhage), Urgent Stroke Neurology consult, Neurosurgery consult if necessary, Stroke Prevention Clinic referral

Transient, persistent or fluctuating symptoms of:
hemibody sensory loss
visual disturbances
 (acute monocular visual loss, binocular diplopia or hemivisual loss)

YES

Within 48 hours of symptom onset

Within 11 p.m. and 7 a.m. For stable patients presenting within this time frame imaging and consultation could occur after 7 a.m.

YES

High Risk

Specialist consultation (including by phone) and required diagnostics on an inpatient or outpatient basis at most within **24 hours** of presentation. See required diagnostics list.

Note: No carotid imaging routinely available for TIA between 11 p.m. and 7 a.m. For stable patients presenting within this time frame imaging and consultation could occur after 7 a.m.

Initiate the following before discharge: antiplatelet therapy (if r/o hemorrhage), Stroke Neurology consult, Neurosurgery consult if necessary, Stroke Prevention Clinic referral

NO

Within 48 hours to 2 weeks of symptom onset

Within 11 p.m. and 7 a.m. For stable patients presenting within this time frame imaging and consultation could occur after 7 a.m.

YES

Moderate Risk

Recommend required diagnostics on an outpatient basis at most within **2 weeks** of presentation. See list of required diagnostics.

Note: No carotid imaging routinely available for TIA between 11 p.m. and 7 a.m. For stable patients presenting within this time frame imaging and consultation could occur after 7 a.m.

Any TIA Symptoms

YES

Greater than 2 weeks of symptom onset

Within 11 p.m. and 7 a.m. For stable patients presenting within this time frame imaging and consultation could occur after 7 a.m.

YES

Low Risk

Perform required diagnostics on an outpatient basis within **1 month** of presentation and refer to Stroke Prevention and/or Urgent Neurology Clinic. See list of required diagnostics

Atypical sensory symptoms with anatomical distribution not suggestive of stroke or TIA (e.g. patchy numbness and/or tingling)

YES

Presents at anytime

Within 11 p.m. and 7 a.m. For stable patients presenting within this time frame imaging and consultation could occur after 7 a.m.

YES

Lowest Risk:

Brain imaging and timing based on clinical situation. Consider Stroke Prevention Clinic or Urgent Neurology Clinic referral based on clinical judgment.

Required Diagnostics for TIA

- 1) Brain Imaging (CT or MRI)
- 2) Non-invasive Vascular Imaging of neck and intracranial vessels (CTA EC/IC vessels, MRA EC/IC vessels or Doppler ultrasound of neck vessels)
- 3) 12-lead ECG (assess for atrial fibrillation)
- 4) Lab Investigations (CBC, lytes, PT/INR, Creatinine, fasting lipid profile, Hg A1C, ALT, fasting blood sugar)

Note: no carotid imaging available between 11 p.m. and 7 a.m.