Alberta Health Services

Affix patient label within this box

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: ☐ Emergency Department ☐ Physician office ☐ Inpatient
Family Physician			

Date of Symptom onset: _____

As of referral date when did symptom(s) begin:
☐ within the past 48 hours ☐ greater than 2 weeks ago
☐ within 48 hours to 2 weeks

Duration of Symptom(s):
☐ transient ☐ fluctuating ☐ persistent

Symptoms/Signs of event: *(check all that apply)*

☐ unilateral motor weakness *(face, arm and/or leg)*
☐ speech disturbance
☐ hemibody sensory loss
☐ acute visual loss
☐ diplopia
☐ ataxia
☐ other: _____
_____

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

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: *(check all that apply)*

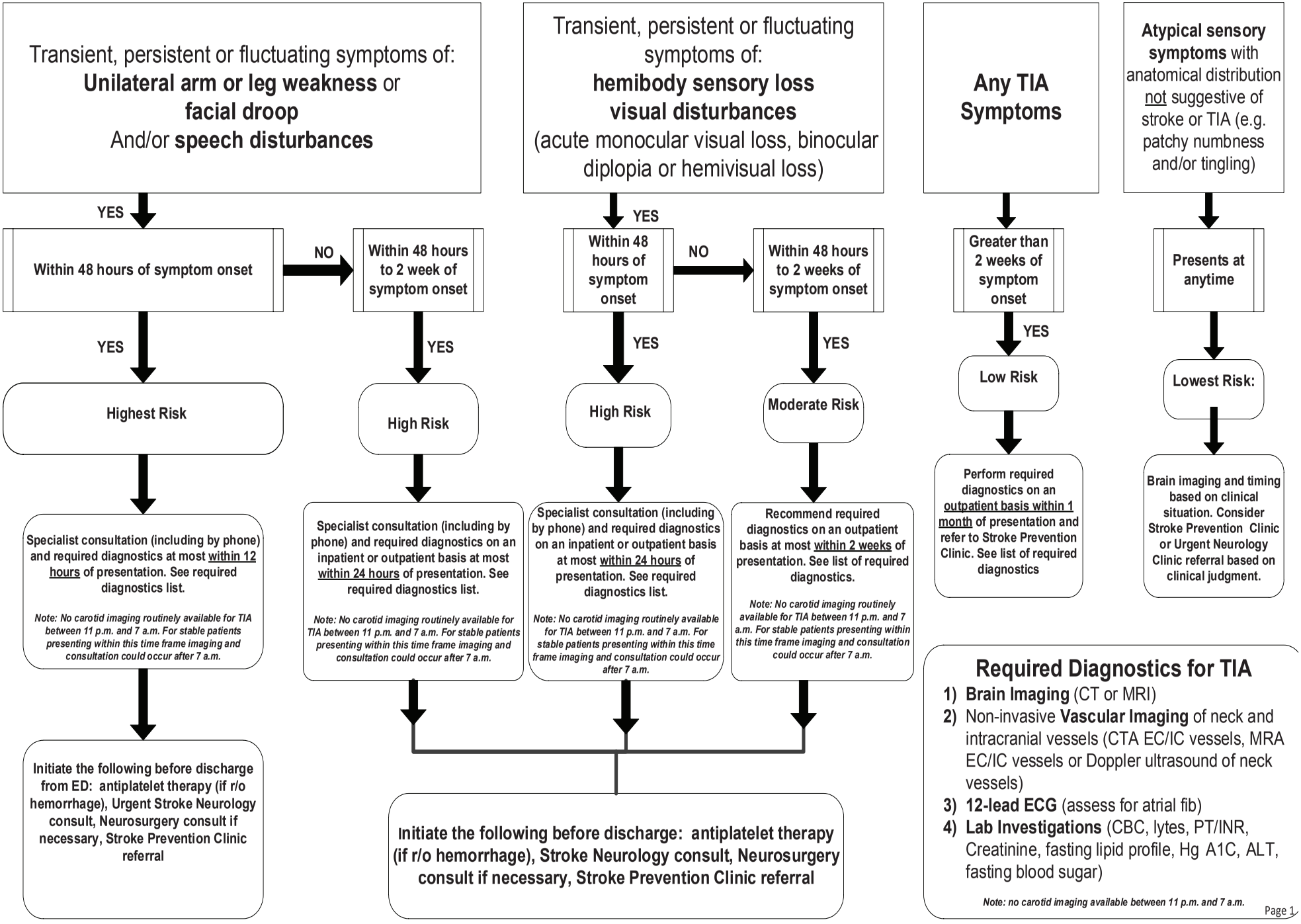
☐ previous stroke or TIA
☐ atrial fibrillation
☐ hyperlipidemia
☐ smoking
☐ hypertension
☐ diabetes
☐ carotid disease
☐ coronary artery disease

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: *(please indicate)*

☐ ASA ☐ dipyridamole-ASA (AGGRENOX) ☐ clopidogrel (PLAVIX) ☐ warfarin (COUMADIN)
☐ apixaban (ELIQUIS) ☐ dabigatran (PRADAXA) ☐ rivaroxaban (XARELTO)
Other _____

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



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 fib)
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.