

**NORTH BAY REGIONAL HEALTH CENTRE (NBRHC) STROKE PREVENTION (TIA) CLINIC REFERRAL FORM**

PATIENT \_\_\_\_\_ PHONE NO. TO REACH PATIENT \_\_\_\_\_  
 REFERRING PHYSICIAN \_\_\_\_\_ FAMILY PHYSICIAN \_\_\_\_\_  
 REFERRING PHYSICIAN SIGNATURE \_\_\_\_\_ OHIP BILLING No. \_\_\_\_\_  
 DIAGNOSIS \_\_\_\_\_ AGE \_\_\_\_\_ BLOOD PRESSURE IN ED/OFFICE/INPATIENT UNIT \_\_\_\_\_  
 FIRST TIA  YES  NO DATE/TIME OF MOST RECENT TIA \_\_\_\_\_  
**Please dictate or write a brief description of TIA event and relevant medical history**

- |  |   |  |
|--|---|--|
| <b>Time of Onset to Presentation</b>         | <b>Duration of Symptoms</b>                   | <b>CT Head</b>                             |
| <input type="checkbox"/> Less than 48 hours  | <input type="checkbox"/> Less than 10 minutes | <input type="checkbox"/> No infarct        |
| <input type="checkbox"/> 48 hours to 2 weeks | <input type="checkbox"/> 10-59 minutes        | <input type="checkbox"/> Old infarct       |
| <input type="checkbox"/> More than 2 weeks   | <input type="checkbox"/> More than 60 minutes | <input type="checkbox"/> 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	<b>VERY HIGH</b>		1. Initiate Antiplatelet/ anticoagulant if no blood on CT  2. Refer to Stroke Prevention Clinic
48 hours to 2 weeks	Speech disturbance Unilateral weakness	<b>HIGH</b>	CT Head (unenhanced) CTA arch to vertex EKG	
	Unilateral sensory Visual loss Vertigo accompanied by diplopia, ataxia	<b>MODERATE</b>		
More than 2 weeks	Any clinical feature listed above	<b>LOWER</b>	** 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:**  **Antiplatelet**  Started  Continued  **Anticoagulant**  Started  Continued

**FAX: Referral Form and Referral Note to (705)-495-8137**

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

