

Stroke Prevention Clinic ReferralNiagara Health – Niagara Falls Site Stroke / Neurology Clinic 5546 Portage Road, Niagara Falls, ON L2E 6X2 Fax completed referral form to: 905–357–9230

Name:	
DOB:	(dd/mm/yyy)
HCN:	
Best Phone Number to Reach Pt:	
Primary Care Provider:	

If patient presents within 48 hours of stroke symptom onset, send patient to the Emergency Department* The following information MUST be completed		
☐ New Referral ☐ Follow–Up	Tests ordered or results attached for: *	
Reason for Referral:	CT / CTA head (or MRI)	
☐ TIA ☐ Stroke ☐ Query TIA / Stroke	Carotid imaging	
☐ Carotid Stenosis ☐ Other:	ECG	
	☐ Bloodwork: including lipid panel and HA1C	
Date of most recent TIA/Stroke Event: (dd/mm/yyyy)	* Head imaging should be performed in the ED since abnormalities may lead to admission	
Clinical Features: Check (✓) all that apply	* For referrals from primary care providers , defer ordering	
☐ Unilateral Weakness: ☐ Face ☐ Arm ☐ Leg (☐ L ☐ R)	tests and refer directly to the SPC.	
☐ Unilateral Sensory Loss: ☐ Face ☐ Arm ☐ Leg (☐L ☐R)	Treatment Initiated: Check (✓) all that apply	
Speech disturbance (slurred or expressive/word finding difficulty)	Antiplatelet therapy:	
Acute Vision Change Monocular	Anticoagulant:	
☐ Hemianopsia	Other:	
☐ Binocular Diplopia	Key Best Practices	
Ataxia	** Head imaging required prior to initiating	
Other:	antithrombotic therapy **	
Duration of Symptoms: Check (✓) all that apply	Antiplatelet Therapy:	
seconds	 Patients with ischemic stroke or TIA should be prescribed antiplatelet therapy unless there is an indication for anticoagulation 	
<10 minutes OR greater than 10 minutes	Anticoagulation:	
☐ 60 minutes or more	Patients with ischemic stroke or TIA and atrial fibrillation should	
□ days	receive oral anticoagulation as soon as it is thought to be safe for the patient	
Frequency of Symptoms	Carotid Stenosis	
☐ Single episode ☐ Recurring/Fluctuating ☐ Persistent	 Identification of a moderate to high-grade (50-99%) 	
Risk Factors: Check (✓) all that apply	symptomatic stenosis on carotid ultrasound typically warrants urgent referral to the Stroke Prevention Clinic	
☐ Hypertension ☐ Previous Stroke or TIA	or Neurologist on call, for assessment of possible carotid intervention	
☐ History of atrial fibrillation ☐ Previous known carotid disease		
☐ Diabetes ☐ Current or past smoker	Key Health Teachings Review signs and symptoms of stroke and when to call 911	
☐ Hyperlipidemia ☐ History of sleep apnea	TIA/Stroke Education Package provided (if applicable)	
☐ Alcohol Abuse ☐ Ischemic Heart Disease	www.strokebestpractices.ca	
Referred By: (Printed Name) (Signature and Designation) (Billing Number) Date (dd/mm/yyyy)		
Family Physician Nurse Practitioner ED Physician Specialist		

Fax the following items to the Stroke Prevention Clinic: ED Record, ECG, test results and blood work, if available Do Not Delay referring patient to the Stroke Prevention Clinic if tests are not done or results are not available

