



**Lakeridge
Health**

STROKE PREVENTION CLINIC REFERRAL

Event Date: _____

Symptom Duration: _____

Note: **Very High Risk** (present within 48 hours) patients should be directed to the nearest Emergency Department.

High Risk	Moderate (Increased) Risk	Low Risk
Onset within 48 hours AND following symptoms that are persistent or transient or fluctuating: <input type="checkbox"/> Unilateral weakness and/or <input type="checkbox"/> Speech disturbance (dysarthria or aphasia) Investigations suggested to be completed in the Emergency Department. Check if completed: <input type="checkbox"/> CT Head <input type="checkbox"/> CTA OR Carotid Doppler <input type="checkbox"/> 12 lead ECG <input type="checkbox"/> CBC, PTT/INR, lytes, Cr, eGFR, Glu, LFTs, Trop	Onset between 48 hours and 2 weeks AND following symptoms that are persistent or transient or fluctuating: No motor or speech/language disturbance but other sudden stroke symptoms such as: <input type="checkbox"/> Unilateral profound sensory loss (must involve at least 2 contiguous body segments – face/arm or arm/leg) <input type="checkbox"/> Visual disturbance (monocular or hemivisual loss, binocular diplopia) <input type="checkbox"/> Ataxia Investigations suggested to be completed in the Emergency Department. Check if completed: <input type="checkbox"/> CT Head <input type="checkbox"/> CTA OR Carotid Doppler <input type="checkbox"/> 12 lead ECG <input type="checkbox"/> CBC, PTT/INR, lytes, Cr, eGFR, Glu, LFTs, Trop	Onset greater than 2 weeks Any typical or atypical stroke symptoms Investigations that must be completed prior to referral: <input type="checkbox"/> CT Head <input type="checkbox"/> CTA OR Carotid Doppler <input type="checkbox"/> 12 lead ECG <input type="checkbox"/> CBC, PTT/INR, lytes, Cr, eGFR, Glu, LFTs, Trop

Key Best Practices

- Antithrombotic therapy prevents stroke. Patients with confirmed TIA or ischemic stroke should start antiplatelet therapy unless anticoagulation is indicated.
- Identification of moderate to high grade (50%–90%) stenosis on CTA or carotid ultrasound typically warrants a referral to Vascular Surgery.

Anti-thrombotic on Discharge	Other Investigations Ordered and Referrals
<input type="checkbox"/> ASA <input type="checkbox"/> DOAC (Direct oral anticoagulant) <input type="checkbox"/> None (please state reason): _____ Relevant Health History <input type="checkbox"/> A-Fib <input type="checkbox"/> Other: _____	<input type="checkbox"/> MRI <input type="checkbox"/> Echo <input type="checkbox"/> Holter hr _____ <input type="checkbox"/> Referral made to Vascular Surgery on-call for carotid stenosis greater than 50% OR moderate to severe stenosis

Primary Care Provider: _____

Date: _____

Referring Provider: _____ / _____

Please Print Name

Signature

FAX referral to the Stroke Prevention Clinic 905-721-7797 (include all results)

