

FORM ID: 8190

## **West GTA Regional Stroke Prevention Clinic Referral Form**

100 Queensway West (Trillium Health Partners – Mississauga Hospital)

Mississauga, Ontario, L5K 2B5

Date Rcvd:\_\_\_\_/\_\_\_\_/

(T) 905-848-7379 **(F) 905-848-7669** 

\*\*PLEASE NOTE: The target population of the West GTA Regional Stroke Prevention Clinic is for patients who have had a TIA or minor stroke not requiring admission to a hospital. For those who have chronic, longstanding symptoms and/or isolated syncope/dizziness (rarely a TIA), may not require Stroke Prevention Clinic referral; please consider referral to general neurology and/or cardiology (for syncope).

Referring Physician (PLEASE PRINT CLEARLY)		Patient Name:
Lleanitel Affiliation		Address: Phone Number:
Hospital Affiliation:		Alternate Contact Number:
Office Phone Number:		
Office Fax Number:		Date of Birth/
OHIP Referral Number:		D M Y OHIP Number:
Referring From:   □ ER Department □ Family Practice □ Other  □ Please book my patient for Carotid Dopplers (done with appointment in clinic)		
(clinic use only) ABCD <sup>2</sup> Scoring	Date of Event:	
A	Required Information:  Age in year's Blood Pressure  Clinical Features:  Motor weakness Face L/R Arm L/R Leg L/R Speech Disturbance aphasia dysarthria Duration of Symptoms: <10 mins. 10-59 mins. >60 mins. Have the symptoms resolved?  Yes No	
B		
c		
D		
	Other Clinical Pres	entation:
TOTAL	□ Amaurosis fu	curbance □ Face L / R □ Arm L / R □ Leg L / R ugax (loss of vision)
□ <b>7-14</b>	□ Ataxia   □ Limb □ Gait □ Carotid bruit or known stenosis □ Right □ Left □ Other (please be specific)	
□ >14	·	
	Risk Factors: (check all that  □ Atrial fibrillation  □ Current Smoker  □ Previous TIA/Stroke	at apply)  □ Hypertension □ Hyperlipidemia □ Family hx of Heart/Stroke
	*****Fax referral form and ALL current investigations/consults and blood work. Our office contacts patients directly*****	

March 2012