

Stroke Prevention Clinic Referral Form

Bookings: (416) 242-1000 Ext. 23400

Fax: (416) 242-1058

Toronto, ON, M3M 0B2

Humber River Health Stroke Prevention Clinic 1st Floor Inside Cardiology Clinic 1235 Wilson Ave.

Patient Name:	1				
DOB:					
Phone #:					
Address:					
HCN#:					
	기				
Date of Referral:					
Referring Physician/NP:					
Billing #:					
Phone & Fay #+					

IF PATIENT PRESENTS WITHIN 48 HOURS OF STROKE SYMPTOM ONSET, PLEASE SEND TO EMERGENCY DEPARTMENT

Reason for Referral: Please complete all sections of this referral: □ TIA □ Stroke □ Query TIA/Stroke □ Carotid Stenosis □ Significant Stroke Risk Factors						
Date & Time of Most Recent Event: Duration & Frequency of Symptoms:						
Clinical Features: Side of Symptoms: Left Right						
Motor: (Weakness) □ Face □ Arm □ Leg □ Ataxia	Sensory: (Numbness) ☐ Face ☐ Arm ☐ Leg	Speech: ☐ Dysarthia ☐ Aphasia	Visual: ☐ Monocular ☐ Hemifield ☐ Binocular Diplopia	Other:		
Risk Factors: Hypertension						
Suggested Diagnostic Investigations ordered or results attached (do not delay referral if investigations not done):						
□ CTA (head & neck) □ MRA (head & neck) □ CT (head) □ MRI (head) □ Carotid Doppler □ Echocardiogram □ Ultrasound □ 48 hr Holter Monitor		 □ 12 lead ECG □ Bloodwork (CBC, PTT/INR, lytes, Cr, Glu, LFTs, Trop, HbA1C, TSH, lipid profile) □ Other 				
Consult reports attached: □ Vascular Surgery or Neurosurgery for Carotid Stenosis □ Other:						
Medications (Attach List), Medication initiated post event:						
□ Antiplatelet therapy:						
□ Anticoagulant:						
□ Other:						



