WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

URGENT TIA CLINIC REFERRAL FORM

1030 Ouellette Avenue, Windsor ON N9A 1E1
Phone: (519) 254-5577 Ext: 33665 Fax: (519) 255-2285
Hours of Operation: Monday - Friday, 8:00 am - 4:00 pm

PATIENT LABEL
or
Name:_____
DOB (mm/dd/yyyy):_____

_____
Best Phone Number to Reach Patient

- **If Patient presents WITHIN 48 HOURS of stroke symptom onset, send Patient to Emergency Dept.**
- **HIGH risk for recurrent Stroke (symptom onset within last 48 Hours)**
- **** ENSURE A CREATININE/eGFR LEVEL WITHIN 90 DAYS IS AVAILABLE ****
- **Urgent TIA Clinic referrals MUST BE ACCEPTED BY (STROKE) NEUROLOGIST ON CALL**
- **Providers will be transferred directly to Stroke Neurologist via Switchboard (519) 254-5577, ext. 0**
- **The following information IS REQUIRED for triage purposes**

Reason for Referral: ☐TIA ☐Symptomatic Carotid Stenosis ☐Stroke ☐Query TIA/Stroke

Date of Event (mm/dd/yyyy**):**_____

Duration & Frequency of the Symptoms:

☐Minutes ☐Single episode
☐Hours ☐Recurrent or fluctuating
☐Greater than 24 hours ☐Persistent

Clinical Features *Check* (✓) *all that applies*:

☐Unilateral weakness ☐Face ☐Arm ☐Leg ☐L ☐R
☐Unilateral sensory loss ☐Face ☐Arm ☐Leg ☐L ☐R
☐Speech/language disturbance
☐Acute Vision Change:
☐Monocular ☐Hemifield ☐Binocular Diplopia
** strong consideration for concurrent ophthalmology referral with monocular vision findings
☐Ataxia
☐Other: _____

Vascular Risk Factors *Check* (✓) *all that applies*:

☐Hypertension ☐Dyslipidemia
☐Diabetes ☐Ischemic Heart Disease
☐Atrial fibrillation ☐Previous Stroke or TIA
☐Smoker ☐Peripheral Vascular Disease
☐Cancer ☐Previous known Carotid Disease
☐Alcohol Abuse ☐Drug Abuse

Name of Neurologist Contacted:_____

AFTER brain imaging, consider dual antiplatelet therapy

- For patients with an acute high-risk transient ischemic attack or minor ischemic stroke of non-cardioembolic origin (NIHSS 0-3), who are not at high bleeding risk, dual antiplatelet therapy is recommended for a duration of 21 days after the event, followed by antiplatelet monotherapy.

Medication initiated post event:

☐Antiplatelet:_____
☐Anticoagulant:_____
☐ Other:_____

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(50-99%) stenosis on CTA or carotid ultrasound with stroke like symptoms typically warrants urgent referral to Secondary Stroke Prevention Clinic
- Visit: https://www.strokebestpractices.ca/recommendations/secondary-prevention-of-stroke

Key Health Teaching:

- Review Signs of Stroke & when to call 911
- Recommend refrain from driving until seen in SPC

Additional Information:

_____ _____ _____
Referral Date (mm/dd/yyyy) MD/NP Name (Print) MD/NP Signature

Fax referral form to Urgent TIA Clinic.
Upon receipt, referrals will be triaged accordingly and patients will be contacted with an appointment.