



SECONDARY STROKE PREVENTION CLINIC REFERRAL

AFFIX PATIENT LABEL

This form MUST be completed by the Referring Physician or Nurse Practitioner.

Patient/Caregiver BEST contact number: _____

Age: _____ years

Reason for referral: TIA Stroke Carotid Stenosis
 Other: _____

Date of most recent TIA / Stroke event: _____

New Consult **Follow Up Consult**

Right handed Left handed

Clinical Features: (check (✓) all that apply)

- Unilateral weakness: face arm leg (L R)
- Unilateral sensory loss: face arm leg (L R)
- Speech disturbance (slurred or expressive/word finding difficulty)
- Amaurosis Fugax
- Hemianopsia
- Other: _____

Duration of Symptoms: (check () most appropriate)

Frequency of Symptoms:

- Single episode Recurring/Fluctuating

Risk Factors: (check (✓) all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Previous stroke or TIA |
| <input type="checkbox"/> History of atrial fibrillation | <input type="checkbox"/> Previous known carotid disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Current or past stroke |
| <input type="checkbox"/> Hyperlipidemia | <input type="checkbox"/> History of sleep apnea |
| <input type="checkbox"/> Ischemic Heart Disease | <input type="checkbox"/> Smoking |

Tests ordered or results attached for:

- *CT head Date: _____
- *EKG Date: _____
- *CBC, Cr, Lytes, INR: _____
- **Lipids, HbA1C, Date: _____
- **US Carotid Date: _____
- CTA Date: _____

*The above tests should be performed in the ER.
 **Additional test may be ordered on behalf of the SSPC MD who will follow up on these results.

For referrals from primary care providers, defer ordering tests and refer directly to the Stroke Prevention Clinic.

Treatment initiated: (check (✓) all that apply including dose)

- Antiplatelet therapy: _____
- Anticoagulant: _____
- Other: _____

Key Best Practices

Antiplatelet Therapy:

- Acute antiplatelet therapy helps to prevent stroke
- All patients with ischemic stroke or TIA should be prescribed Aspirin AND Clopidogrel for 21 days unless there is an indication for anticoagulation

● **Anticoagulation:**

Patients with ischemic stroke or TIA and atrial fibrillation should receive oral anticoagulation as soon as it is thought to be safe for the patient

● **Carotid Stenosis:**

Identification of a moderate to high-grade (50-99%) symptomatic stenosis on carotid ultrasound typically warrants urgent referral to the Stroke Prevention Clinic or the Neurologist on call, for assessment of possible carotid intervention

Referred by: _____
(Printed Name) (Signature and Designation) (Billing Number) (Date)

Family Physician Nurse Practitioner ER Physician Specialist: _____

For Primary Care Providers Fax the following items to the Stroke Prevention Clinic: BPMH, ECG, relevant test results if available
DO NOT DELAY referring patient to the Stroke Prevention Clinic if tests are not done or results are not available.
 Provide patient & family with Stroke Prevention Clinic Handout

Fax Completed Referral Form to 519-637-3097