Hôpital Régional de Pembroke Regional Hospital

Pembroke Regional Hospital

STROKE PREVENTION CLINIC REFERRAL FORM

Addressograph

Phone: 1-613-732-3675 Ext. 6640
1-855-293-7838

FAX: 1-613-732-6350
1-855-293-7839

Referral Source: ☐ Emergency Department ☐ Physician's Office ☐ Specialist ☐ Other

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

Family Physician: _____

Reason for Consultation:

Signs and Symptoms: See the *TIA Management in the Emergency Department Algorithm*

Symptom duration: ☐ Less than 10 minutes ☐ 10-59 minutes ☐ Greater than 60 minutes

Risk Factors (Current or Past History):

☐ Hypertension
☐ PVD
☐ CAD
☐ Diabetes
☐ Atrial Fibrillation
☐ Smoking
☐ Dyslipidemia
☐ Previous Stroke/TIA
☐ Sleep Apnea
☐ Carotid Stenosis

Medications:

Anti-platelet:
☐ ASA
☐ Clopidogrel
☐ Aggrenox

Anticoagulant:
☐ Warfarin
☐ Dabigatran
☐ Rivaroxaban
☐ Apixaban

Other:

Completed/Scheduled Tests (please attach all completed reports)**:**

☐ CT ☐ ECG ☐ MRI ☐ Echocardiogram
☐ CTA ☐ Carotid Doppler ☐ Holter ☐ Bloodwork

Referring Physician: _____ **Signature:**

Date: _____