Regional Stroke NETWORK Réseau Régional DES AVC CHAMPLAIN

Stroke Prevention Clinic Consultation Form

The Ottawa Hospital
Civic Campus

Phone: (613) 798-5555 ext 16156
Fax: (613) 761-5320

Name:
DOB:
OHIP#
Telephone # (home):
Telephone # (work/other):
Address:
Family Physician:

In order to provide appropriate care for your patient, we request that the following consult be filled in, *in its entirety*. *Incomplete forms will cause delay in processing.*

Reason for referral: **Date:**

DATE of Transient Ischemic Attack/Minor Stroke : _____ (yyyy/mm/dd)

Blood Pressure: **1. At time of event (if known)**
2. Current BP:

Signs/Symptoms suggesting TIA/Minor Stroke: (side R or L)

Unilateral motor deficit (s)	☐ yes ☐ no	**R or L**	
Unilateral numbness or tingling	☐ yes ☐ no	**R or L**	
Aphasia	☐ yes ☐ no		
Dysarthria	☐ yes ☐ no		
Amaurosis fugax	☐ yes ☐ no	**R or L**	
Hemianopia	☐ yes ☐ no		
Other	_____		
Duration of symptoms	☐ <10 min ☐ 10-59 min ☐ >60min		

Risk factors:

☐ Previous Stroke/TIA	☐ Pregnancy
☐ Hypertension	☐ Smoking
☐ Atrial fibrillation	☐ Obesity
☐ Dyslipidemia	☐ Sedentary lifestyle
☐ Diabetes	☐ Alcohol abuse
☐ CAD/PVD	☐ Drug abuse
☐ Asymptomatic carotid stenosis	
☐ Other _____	

<u>Investigation (s)</u>: If an Echo, Doppler or Fasting Bloodwork has not been performed, the SPC will arrange and expedite these tests for your patient. If a CT Head has not been ordered, please send a completed/signed CT Head requisition for the SPC to expedite. Please include any recent diagnostic/lab results or reports (<6 months)

☐ CT head *	☐ Echocardiogram/TEE	☐ Fasting glucose	☐ CBC
☐ Carotid Doppler	☐ Holter monitor	☐ Fasting lipid profile-LDL	☐ INR/PTT
☐ ECG	☐ MRI/MRA	☐ Electrolytes Urea Creatinine	
		☐ LFTs/CK	

***If completed outside of TOH, please advise patient to bring a copy of the CT head on CD**

Current Medication (s):

Referring Physician: _____/_____
(Print) (Signature)

Private Telephone #: _____ **Fax:** _____

For electronic submission, click submit. Fax any supporting documents to 613-761-5320.
Upon receipt referrals will be triaged accordingly.

Submit Form