

<b>REFERRAL for TIA/Non-Disabling Stroke</b> Saskatchewan Acute Stroke Pathway <b>** Highest risk TIA patients: contact ACAL / Bedline for urgent discussion with neurologist **</b> <b>Stroke Prevention Clinics</b> (closed weekends & holidays): <input type="checkbox"/> <b>Saskatoon</b> fax referral 306-655-6803 (phone 306-655-6802) <input type="checkbox"/> <b>Regina</b> fax referral 306-766-3959 (phone 306-766-3968) <input type="checkbox"/> <b>Yorkton</b> fax referral 306-786-0892 (phone 306-786-0890) <input type="checkbox"/> <b>Prince Albert</b> call for appmt 306 953 1681 (fax 306-764-3091) For non-urgent consultation <input type="checkbox"/> Prince Albert fax referral 306-763-2101 (phone 306-763-6464)		Patient information	
		Patient address:	
		Alternate contact name:	
		Phone:	
Referral Source: <input type="checkbox"/> Emergency Department <input type="checkbox"/> Physician <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Inpatient ward			
Referring provider		Date	Time
Date / time of symptom onset	Blood Pressure		Family Physician
<b>As of referral date when did symptom(s) begin?</b> <input type="checkbox"/> Within the past 48 hours <input type="checkbox"/> Within 48 hours to 2 weeks <input type="checkbox"/> Greater than 2 weeks ago		<b>HIGHEST RISK OF RECURRENCE</b> If <b>any listed symptoms</b> (to the left) began <b>within the past 48 hours OR Speech / motor symptoms within the past 2 weeks</b> Seek urgent consult with neurologist. <hr/> <b>MODERATE RISK</b> Patients referred to a stroke prevention clinic will be seen in order of urgency. Wait times may apply. <b>Please initiate investigations, therapy and education at time of referral.</b> See <a href="#">stroke triage tool (page 2)</a>	
<b>Symptoms (check all that apply):</b> <input type="checkbox"/> unilateral motor weakness (face, arm and/or leg) <input type="checkbox"/> speech disturbance <input type="checkbox"/> hemibody sensory loss <input type="checkbox"/> acute monocular vision loss, binocular diplopia or hemivisual loss <input type="checkbox"/> ataxia <input type="checkbox"/> other <i>Note: isolated syncope or dizziness is rarely a TIA; consider referral to general neurology and/or cardiology</i>			
<b>Duration of symptoms:</b> <input type="checkbox"/> less than 10 minutes <input type="checkbox"/> 10 to 59 minutes <input type="checkbox"/> greater than 60 minutes			
<b>Please provide a brief description of the event and/or a clinical note:</b>   			
<b>Relevant health history</b> (check all that apply): <input type="checkbox"/> previous stroke or TIA <input type="checkbox"/> hyperlipidemia <input type="checkbox"/> diabetes <input type="checkbox"/> hypertension <input type="checkbox"/> atrial fibrillation <input type="checkbox"/> coronary artery disease <input type="checkbox"/> carotid disease <input type="checkbox"/> other		<b>Therapy:</b> Patient started on antiplatelet / anticoagulant? <input type="checkbox"/> YES <input type="checkbox"/> NO Dosage & date started: _____	
<b>Investigations</b> (Fax results with this referral):	Ordered	Completed	<input type="checkbox"/> ASA <input type="checkbox"/> dipyridamole-ASA (AGGRENEX) <input type="checkbox"/> clopidogrel (PLAVIX) <input type="checkbox"/> apixaban (ELIQUIS) <input type="checkbox"/> dabigatran (PRADAXA) <input type="checkbox"/> rivaroxaban (XARELTO) <input type="checkbox"/> warfarin (COUMADIN) <input type="checkbox"/> other:
CT Scan of head			
CT Angiogram			
Carotid Ultrasound			
ECG			

