

REFERRAL for TIA/Non-Disabling Stroke Saskatchewan Acute Stroke Pathway ** Highest risk TIA patients: contact ACAL / Bedline for urgent discussion with neurologist ** Stroke Prevention Clinics: <input type="checkbox"/> Saskatoon (fax 306-655-6803) 07:30 to 16:00 closed weekends & holidays <input type="checkbox"/> Regina (fax 306-766-3959) 08:00 to 16:00 closed weekends & holidays <input type="checkbox"/> Prince Albert (fax-763-2101) call for hours (306) 763-6464 <input type="checkbox"/> Yorkton (fax 306-786-0892) call for hours (306) 786-0890		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
As of referral date when did symptom(s) begin? <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		HIGHEST RISK OF RECURRENCE If any listed symptoms (to the left) began within the past 48 hours OR Speech / motor symptoms within the past 2 weeks Seek urgent consult with neurologist. MODERATE RISK Patients referred to a stroke prevention clinic will be seen in order of urgency. Wait times may apply. Please initiate investigations, therapy and education at time of referral. See stroke triage tool (page 2)
Symptoms (check all that apply): <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>		
Duration of symptoms: <input type="checkbox"/> less than 10 minutes <input type="checkbox"/> 10 to 59 minutes <input type="checkbox"/> greater than 60 minutes		
Please provide a brief description of the event and/or a clinical note: 		
Relevant health history (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		Therapy: Patient started on antiplatelet / anticoagulant? <input type="checkbox"/> YES <input type="checkbox"/> NO Dosage & date started: _____ <input type="checkbox"/> ASA <input type="checkbox"/> dipyridamole-ASA (AGGRENOX) <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:
Investigations (Fax results with this referral):	Ordered	Completed
CT Scan of head		
CT Angiogram		
Carotid Ultrasound		
ECG		

