



fraserhealth

# STROKE PREVENTION CLINIC REFERRAL



MSXX102039D

Rev: March 2015

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## FAX to JPOCSC Central Intake (604-953-9701)

**NOTE: FAX STROKE PREVENTION CLINIC REFERRAL with this form**

### PATIENT INFORMATION:

Patient's Name: _____			Gender: _____
Last	First	Middle	
Date of Birth: _____	PHN: _____	Insurance: _____	
(DD/MM/YYYY)			
Address: _____			
Street	City	Province	Postal Code
Contact Method	Primary: _____	Alternate: _____	

### REFERRAL INFORMATION:

Priority: <input type="checkbox"/> Routine <input type="checkbox"/> Urgent	Referring Health Care Provider: Name: _____ Title: _____ Source: _____ MSP #: _____ Phone: _____ Fax: _____
Reason for Referral: _____ _____	
Medical Reason for Urgency: _____ _____	
Relevant Medical History: _____ _____	
Isolation precautions <input type="checkbox"/> Airborne <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> None	
Interpreter Required <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify language _____	
Referral Clinic: Stroke Prevention Clinic	
Referring Health Care Provider Signature: _____ Date: _____	
Has this patient been seen by a neurologist previously? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, please attach consult)	
Neurologist seen: _____	

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# STROKE PREVENTION CLINIC REFERRAL Cont'd



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**Clinic Location Requested:**  JPOCSC (Surrey)  RCH (New West)  ARH (Abbotsford)  Next available clinic

**Referring Physician:** \_\_\_\_\_ **Referral Source:** \_\_\_\_\_

## PHYSICIAN: PLEASE COMPLETE ALL SECTIONS

**1. CLINICAL FEATURES:** **Date/Time of onset:** \_\_\_\_\_ / \_\_\_\_\_  
**Symptom History:**  First Episode  Recurrent Episodes  Visual TIA

## 2. RISK STRATIFICATION for EARLY STROKE

ABCD <sup>2</sup> Scoring		POINTS
<b>Age</b>	<input type="checkbox"/> ≥ 60 years old	<b>1</b>
<b>Blood Pressure</b>	<input type="checkbox"/> Systolic ≥ 140 mm Hg and/or Diastolic ≥ 90 mm Hg	<b>1</b>
<b>Clinical Features</b>	<input type="checkbox"/> Unilateral weakness	<b>2</b>
	<input type="checkbox"/> Speech disturbance without weakness	<b>1</b>
	<input type="checkbox"/> Other	<b>0</b>
<b>Duration of Symptoms</b>	<input type="checkbox"/> ≥ 60 minutes	<b>2</b>
	<input type="checkbox"/> 10-59 minutes	<b>1</b>
	<input type="checkbox"/> < 10 minutes	<b>0</b>
<b>Diabetes</b>	<input type="checkbox"/> Diabetes Mellitus	<b>1</b>
<b>TOTAL SCORE</b>		

Score	2-Day Risk of Stroke	Risk	Target Referral Time
0 - 3	1%	Low Risk	48 to 72 hours
4 - 5	4.1%	Higher Risk	24 to 48 hours
6 - 7	8.1%	Consider Admission	Immediate

## 3. MEDICATIONS PRESCRIBED

- Enteric Coated ASA 81 mg daily
  Clopidogrel 75 mg daily (requires Special Authority from Pharmacare)
- ASA-Dipyridamole (Aggrenox) one capsule BID
  Other: \_\_\_\_\_

**Physician's signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_ / \_\_\_\_\_

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**Physicians Notes:**

**Investigations Ordered:** CT Head  Carotid Ultrasound  Echocardiogram