Trillium Health Partners

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West GTA Regional Stroke Prevention Clinic Referral Form

100 Queensway West (Trillium Health Partners – Mississauga Hospital)
Mississauga, Ontario, L5K 2B5 Date Rcvd:_____/_____/_____

(T) 905-848-7379 **(F) 905-848-7669**

****PLEASE NOTE:** The target population of the West GTA Regional Stroke Prevention Clinic is for patients who have had a TIA or minor stroke not requiring admission to a hospital. For those who have chronic, longstanding symptoms and/or isolated syncope/dizziness (rarely a TIA), may not require Stroke Prevention Clinic referral; ***please consider referral to general neurology and/or cardiology (for syncope).***

Referring Physician (PLEASE PRINT CLEARLY)	Patient Name:
_____	Address:
Hospital Affiliation:_____	Phone Number:
Office Phone Number:_____	Alternate Contact Number:
Office Fax Number:_____	Date of Birth _____/_____/_____ D M Y
OHIP Referral Number:_____	OHIP Number:_____

Referring From: □ ER Department □ Family Practice □ Other

□ **Please book my patient for Carotid Dopplers (done with appointment in clinic)**

(clinic use only)
ABCD^2 Scoring

A _____

B_____

C_____

D_____

D^2_____

TOTAL_____

□ <7

□ 7-14

□ >14

Date of Event: _____/_____/_____ D M Y

Required Information:

Age in year's _____
Blood Pressure _____

Clinical Features:
□ Motor weakness □ Face L / R □ Arm L / R □ Leg L / R
□ Speech Disturbance □ aphasia □ dysarthria
Duration of Symptoms: □<10 mins. □10-59 mins. □>60 mins.
Have the symptoms resolved? □ Yes □ No

Other Clinical Presentation:

□ Sensory disturbance □ Face L / R □ Arm L / R □ Leg L / R
□ Amaurosis fugax (loss of vision)
□ Ataxia □ Limb □ Gait
□ Carotid bruit or known stenosis □ Right □ Left
□ Other (please be specific) _____

Risk Factors: (check all that apply)

□ Atrial fibrillation	□ Hypertension	□ Diabetes
□ Current Smoker	□ Hyperlipidemia	□ Hx of CAD +/- PVD
□ Previous TIA/Stroke	□ Family hx of Heart/Stroke	

*******Fax referral form and ALL current investigations/consults and blood work. Our office contacts patients directly*******