Humber River Hospital

Stroke Prevention Clinic Referral Form

Bookings: (416) 242-1000 Ext. 23400
Fax: (416) 242-1094

Patient Name:
DOB:
Phone #:
Address:
HCN#:

Humber River Hospital
Stroke Prevention Clinic
4th Floor Medical Clinics
1235 Wilson Ave.
Toronto, ON, M3M 0B2

Date of Referral:_____
Referring Physician/NP:_____
Billing #:_____
Phone & Fax #:_____

IF PATIENT PRESENTS WITHIN 48 HOURS OF STROKE SYMPTOM ONSET, PLEASE SEND TO EMERGENCY DEPARTMENT

Reason for Referral: *Please complete all sections of this referral:*
☐ TIA ☐ Stroke ☐ Query TIA/Stroke ☐ Carotid Stenosis ☐ Significant Stroke Risk Factors

Date & Time of Most Recent Event: _____
Duration & Frequency of Symptoms: _____

Clinical Features: **Side of Symptoms:** ☐ Left ☐ Right

Motor: *(Weakness)*
☐ Face ☐ Arm ☐ Leg
☐ Ataxia

Sensory: *(Numbness)*
☐ Face ☐ Arm ☐ Leg

Speech:
☐ Dysarthia
☐ Aphasia

Visual:
☐ Monocular
☐ Hemifield
☐ Binocular Diplopia

Other:

Risk Factors:
☐ Hypertension
☐ Ischemic Heart Disease
☐ Previous known Carotid Disease
☐ Alcohol Abuse
☐ Dyslipidemia
☐ History of Atrial Fibrillation
☐ Peripheral Vascular Disease
☐ Drug Abuse
☐ Diabetes
☐ Previous Stroke or TIA
☐ Smoking/Vaping
☐ Other:_____

Suggested Diagnostic Investigations ordered or results attached *(do not delay referral if investigations not done):*

☐ CTA (head & neck)
☐ CT (head)
☐ Carotid Doppler
☐ Ultrasound
☐ MRA (head & neck)
☐ MRI (head)
☐ Echocardiogram
☐ 48 hr Holter Monitor
☐ 12 lead ECG
☐ Bloodwork (CBC, PTT/INR, lytes, Cr, Glu, LFTs, Trop, HbA1C, TSH, lipid profile)
☐ Other

Consult reports attached:
☐ Vascular Surgery or Neurosurgery for Carotid Stenosis ☐ Other: _____

Medications (Attach List), Medication initiated post event:

☐ Antiplatelet therapy:

☐ Anticoagulant:

☐ Other:

Form # 103239, version (10-2021)

10070000023

Signature of Referring Provider:_____