

STROKE PREVENTION CLINIC

Toronto Western Hospital
Division of Neurology/Stroke Program
5th Floor, West Wing
Phone: (416) 603-5800 Ext. 5413
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The mandate of the SPC is to provide timely access to patients at high risk for stroke. Please consider referral to: cardiology for isolated syncope, ENT for isolated vertigo, ophthalmology for vague visual symptoms, and neurology / memory clinic for progressive cognitive impairment.

Incomplete / Illegible referrals may be returned for clarifications

Source of Referral

1) MD Office: Family MD Neurologist

Other _____

2) In-Patient: TWH TGH Mt. Sinai

Other _____

3) ED: specify hospital _____ (should only be used by EDs external to UHN/MSH).

Date of Referral day/month/year

Reason for Referral

TIA Recent Stroke: Ischemic ICH SAH

Date of Recent TIA / Stroke day/month/year

Asymptomatic Carotid Stenosis Abnormal Scan

Other: _____

Symptom duration _____ min hrs days

Side of symptoms Right Left Bilateral

Motor:

Face Arm Leg

Sensory:

Face Arm Leg

Speech:

Dysarthria

Aphasia

Visual:

Monocular

Field Loss

Diplopia

Other symptoms or comments relevant to referral

Risk Factors:

Hypertension DM Dyslipidemia CAD A fib Smoking Other: _____

Medications:

Allergies:

Investigations already completed (Please indicate any concerning findings. Send reports of all previous investigations. The patient must obtain CD / DVDs of any imaging done **outside of UHN/MSH**)

CT CTA MRI MRA Angiogram Carotid Doppler Echo Holter Other _____

Significant results: _____

Interpreter required? no yes → specify language: _____

Best contact person - phone number & name: _____

Referring Staff Physician: (print) _____ OHIP Billing Number: _____

Signature: _____

Please note, the Stroke Prevention Clinic will contact the patient with an appointment date and time