Patient sticker or fill in

Patient Legal Name:_____ ❑M❑F
Address:_____
City:_____ Postal Code:_____
D.O.B.:_____/____/_____ Phone Number:_____
YYYY/MMM/ DD

Health Card #:_____Version Code:_____ Exp:_____

REFERRAL FORM: STROKE PREVENTION CLINIC (SPC)
519-376-2121 Ext 2922

Symptom Onset:_____(date) Duration of symptoms:_____(min/hours)
Symptoms occurred more than once in 24-hour period. ❑Yes ❑No

QUICK SCREEN: Focal neuro symptoms:
- ❑ Unilateral weakness
- ❑Numbness
- ❑Blurred, double or temporary loss of vision
- ❑Loss of speech
- ❑Loss of balance

Presenting Risk Factors:
- ❑hypertension* ❑prior stroke/TIA* ❑history of A. Fib
- ❑ diabetes* ❑age >65 ❑Postmenopausal HRT
- ❑ CAD/prior MI* ❑current smoker* ❑obesity (BMI>25)
- ❑hyperlipidemia ❑whiplash/manipulation
- ❑history of sleep apnea
- ❑failed anti-platelet therapy (already taking ASA)*

❑**HIGHEST RISK (Emergent)** If patient **presents within 48 hours** from symptom onset or more than 48 hours with persistent or fluctuating motor or speech symptoms

Head CT (URGENT) Echo
Carotid Doppler (URGENT) 48 hour Holter Monitor
ECG (URGENT)

******* Initiate Antiplatelet therapy if no blood on CT scan**

❑**INCREASED RISK (Urgent)** If patient **presents between 48 hours and 2 weeks** from symptom onset without persistent or fluctuating motor or speech symptoms

Head CT (within 24hrs) Echo
Carotid Doppler (within 72hrs) 48hr Holter Monitor
ECG (within 24hrs)

******* Initiate Antiplatelet therapy if no blood on CT scan**

❑**LOWER RISK (Semi Urgent)** If patient **presents after 2 weeks** with isolated sensory symptoms maybe considered less urgent if not accompanied by high risk symptoms

Head CT (within 1 week) Echo
Carotid Doppler (Within 1 week) 48hr Holter Monitor
ECG (Within 1 week)

******* Initiate Antiplatelet therapy if no blood on CT scan**

Head CT & Carotid Doppler are Priority Tests – DO NOT Delay booking. Book EDS tests separately if unable to schedule all tests for same day

REFERRING HEALTH CARE PROVIDERS PLEASE ENSURE THE FOLLOWING TESTS HAVE BEEN ORDERED AT THE TIME OF REFERRAL:

✔CBC ✔ LYTES ✔CR ✔GFR ✔TSH
✔FASTING BLOOD SUGAR ✔Hgb A1C
✔CHOLESTEROL, ✔TRIGLYCERIDES, ✔HDL ✔ LDL
✔aPTT, ✔INR, ✔CK, ✔TROP, ✔LIVER FUNCTIONS

ABCD^2 Score _____

(See back of page for the scoring)

Physician Signature:_____ **Date:**_____/_____/_____
Print:_____ YYYY MMM DD
Physician Phone #:_____

FAX COMPLETED FORM TO CENTRAL SCHEDULING 519-376-3952 INCLUDE SUPPORTING DOCUMENTATION (ER RECORD, LAB WORK, DI TESTS, ETC.)

Transient Ischemic Attack (TIA):
Prognosis and Key Management Considerations

ABCD^2 Score

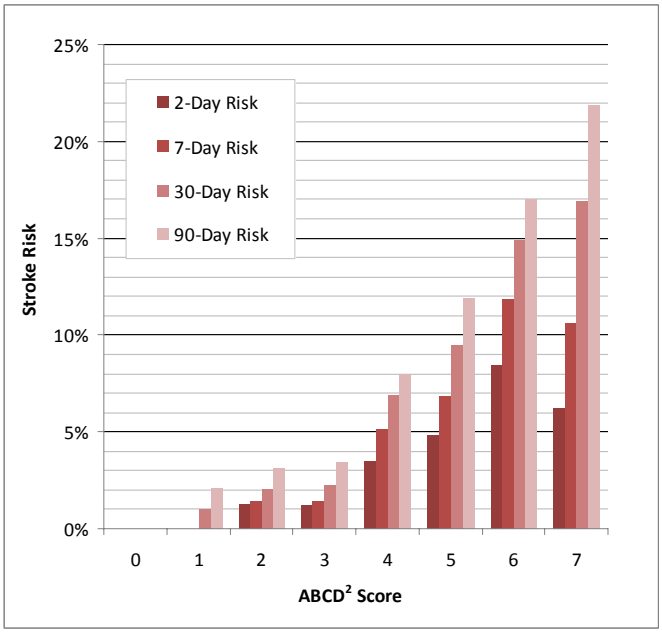
The ABCD^2 score is a risk assessment tool designed to improve the prediction of short-term stroke risk after a transient ischemic attack (TIA). The score is optimized to predict the risk of stroke within 2 days after a TIA, but also predicts stroke risk within 90 days. The ABCD^2 score is calculated by summing up points for five independent factors.

Risk Factor	Points	Score
Age		
≥ 60 years	1	☐
Blood pressure		
Systolic BP ≥ 140 mm Hg *OR* Diastolic BP ≥ 90 mm Hg	1	☐
Clinical features of TIA (*choose one*)		
Unilateral weakness with or without speech impairment *OR*	2	☐
Speech impairment without unilateral weakness	1	
Duration		
TIA duration ≥ 60 minutes	2	☐
TIA duration 10-59 minutes	1	
Diabetes	1	☐
Total ABCD^2 score	0-7	☐

Using the ABCD^2 Score

Higher ABCD^2 scores are associated with greater risk of stroke during the 2, 7, 30, and 90 days after a TIA (Figure). The authors of the ABCD^2 score made the following recommendations for hospital observation:[1]

ABCD^2 Score	2-day Stroke Risk	Comment
0-3	1.0%	Hospital observation may be unnecessary without another indication (e.g., new atrial fibrillation)
4-5	4.1%	Hospital observation justified in most situations
6-7	8.1%	Hospital observation worthwhile



[1] Johnston SC, Rothwell PM, Huynh-Huynh MN, Giles MF, Elkins JS, Sidney S, "Validation and refinement of scores to predict very early stroke risk after transient ischemic attack," *Lancet*, 369:283-292, 2007.