Manitoba
Health

TIA/Stroke Assessment and Referral

Fax this form and related records to the desired Stroke Prevention Clinics below:

☐ **Brandon PMH**	**(Ph) 204-578-2165**	**(FAX) 204-578-4956**
☐ **Health Sciences Centre**	**(Ph) 204-787-5111**	**(FAX) 204-940-2157**
☐ **St. Boniface General Hospital**	**(Ph) 204-235-3303**	**(FAX) 204-233-3285**

Patient Name	Date of Birth (yyyy-mon-dd)	Phone
Alternate Contact Name	Phone	MHSC # PHIN #
Referring Physician	Date of Referral	Referral Source ☐ Emergency Department________________ ☐ Physician Office ☐ Inpatient

Family Physician

Date of Event (yyyy-Mon-dd):

Time of symptom onset (hh:mm):

Have symptoms resolved?
☐ No ☐ Yes
Was patient on antiplatelet therapy prior to the event?
☐ No ☐ Yes
If yes, specify type:
____
Is the patient on Warfarin?
☐ No ☐ Yes

☐ **Acute Stroke Protocol: Call EMS**
NEW persistent Motor or speech symptoms with onset less than 3.5 hours

☐ **High Risk**
Patient presents **within 48 hours** from symptom onset or **more than 48 hours with new persistent or fluctuating motor or speech** symptoms: consult "Neuro on Call" if needed

☐ **Increased Risk**
Patient presents between 48 hours and 2 weeks from symptom onset without persistent or fluctuating motor or speech symptoms

☐ **Less Urgent**
Patient presents after 2 weeks and those who present with isolated sensory symptoms/tingling

Presenting symptoms
(check/circle all that apply)
☐ Speech disturbance
☐ Visual Disturbance
☐ Balance problems
☐ Motor weakness
Face L/R Arm L/R Leg L/R
☐ Sensory Disturbance
Face L/R Arm L/R Leg L/R
Duration of symptoms
______ hr ______min
Blood Pressure at time of event
______/_____
Preliminary Diagnosis:
____
____

	Please indicate which of the following investigations that were completed and fax available results.	**Ordered**	**Completed**
Key Investigations	**12 lead ECG**		
	Non contrast CT Scan		
	CTA (arch to vertex), if not available do Carotid Ultrasound		
	CBC, electrolytes, Creatinine, glucose, urea, PTT, INR, Troponin HgbA1C, TSH		
	Lipid profile (fasting)		
	Glucose (fasting)		
Other	MRI		
	24 or 48 hour holter monitor		
	Echocardiogram		

Relevant Health History (check all that apply)
☐ Previous Stroke or TIA
☐ Hypertension
☐ Atrial Fibrillation
☐ Diabetes
☐ Hyperlipidemia
☐ Carotid disease
☐ Obesity
☐ Smoking
☐ Excessive alcohol consumption
☐ Coronary Artery Disease
☐ Sleep Apnea
☐ Hypercoaguable conditions
☐ Migraine

List of current medications
____
____
____
____
____

2017; [revised 2022]