Quinte Health Care
Stroke Prevention Clinic
Referral Form

Belleville General Hospital-Sills 2
265 Dundas Street East
Belleville, ON K8N 5A9
Telephone: (613) 969-7400 Ext 2871

Fax: (613) 961-2544

Appropriate referrals for the Clinic include those patients who are at an increased risk of stroke:

1. Patients with recent history Transient Ischemic Attack or stroke
2. Patients who have important risk factors for stroke and require treatment and/or counselling.

Unit #:

Name:

Date of Birth: *(dd mm yyyy)*

Address:

City:

Postal Code:

Telephone # Home:

Work # or Alternate:

Family Physician:

Health Card #

Date of Transient Ischemic Attack (TIA)/event:_____ **Date of Referral:**_____
(dd mm yyyy) *(dd mm yyyy)*

Referring Physician or Attending ER Physician_____/_____
(Signature) **(Please Print)**

Referral Information:

☐Motor Weakness: Left / Right _____

☐Sensory loss: Left / Right _____

☐Speech Disturbance: _____

☐Visual Loss: Left / Right / Bilateral _____

☐Other: _____

☐Duration symptoms:_____

RISK FACTORS:

☐hypertension	☐atrial fibrillation	☐peripheral vascular disease
☐coronary artery disease	☐previous stroke or TIA	☐carotid stenosis
☐smoking history	☐hyperlipidemia	☐other:_____
☐family history heart disease or stroke	☐diabetes	_____

Medication: ☐Antiplatelet:_____ ☐Anticoagulant:_____

_____
_____
_____
_____
_____

Allergies/Adverse Reactions: _____

Labwork*:

If ordered/completed **in past 2 weeks**, please forward CBC, INR, Electrolytes, Urea, Creatinine, TSH
If completed **in past 6 months**, please forward Fasting Lipids, Fasting Glucose, HgA1C

***If not available, Stroke Prevention Clinic will order on receipt of this referral**