













# STROKE PREVENTION CLINIC

## PATIENT SUMMARY

| INFORMATION   |  |          |  |
|---------------|--|----------|--|
| Date of visit |  | My nurse |  |
| My doctor     |  | Other    |  |

| MY DIAGNOSIS |                                 |  |                 |
|--------------|---------------------------------|--|-----------------|
|              | Transient Ischemic Attack (TIA) |  | Ischemic Stroke |
|              | Hemorrhagic Stroke              |  | Other:          |

| WHAT ARE MY STROKE RISK FACTORS? (CHECK THOSE THAT APPLY TO YOU)  |  |  |   |
|---|--|--|---|
| RISK FACTORS I CAN CHANGE   |  | RISK FACTORS I CANNOT CHANGE   |   |
|  High blood pressure     |  |  Abdominal obesity        |  Atrial fibrillation |
|  Smoking/vaping         |  |  Inactivity              |   |
|  Diet/Unhealthy eating |  |  High blood cholesterol |   |
|  Uncontrolled diabetes |  |  Alcohol intake         |   |
|  Sleep apnea           |  |  Stress/Mood            |   |

| MY PLAN OF CARE   |                             |
|---|-----------------------------|
| <b>NEW MEDICATIONS</b>  |                             |
| Medication Name:<br>Reason:   | Medication Name:<br>Reason: |
| Medication Name:<br>Reason:   | Medication Name:<br>Reason: |
| Medication Name:<br>Reason:   | Medication Name:<br>Reason: |
|  You might be starting new medications. It is important to take them properly. Speak to your doctor, nurse or pharmacist if you have questions about any medications you are taking. |                             |

**TESTS I STILL NEED**

|    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |

All test results and your clinic visit note will be sent to your Family Doctor.

**APPOINTMENTS THAT HAVE BEEN MADE FOR ME:**

|    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |



Schedule a visit with your Family Doctor to discuss the results of any tests that were not yet available at the time of your visit at the Stroke Prevention Clinic. Bring this document to your next doctor's appointment and review it with them.

**DRIVING**

|  |   |
|--|---|
|  | No restrictions on driving  |
|  | Do not drive for ____ days<br>Next steps:                                   |
|  | Do not drive – Ministry of Transportation has been notified.<br>Next steps: |

**Support Services in my Community | [www.thehealthline.ca](http://www.thehealthline.ca)**  
**Community and Social Services Helpline | Call 2-1-1**  
**For Stroke Information | [www.heartandstroke.ca](http://www.heartandstroke.ca)**

**Stroke and TIA are a medical emergency!**














Learn and recognize and respond immediately to any of these signs of stroke. Call 9-1-1 even if your symptoms go away.

**F**ace is it drooping?  
**A**rms can you raise both?  
**S**peech is it slurred or jumbled?  
**T**ime to call 9-1-1 right away.

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**WHO TO CONTACT WITH QUESTIONS:**

**SITE LOGO:**

| MY STROKE RISK FACTORS  |  |   |                     |  |  |                   |  |  |           |           |           |          |          |          |        |          |         |  |
|---|--|---|---------------------|--|--|-------------------|--|--|-----------|-----------|-----------|----------|----------|----------|--------|----------|---------|--|
| RISK FACTORS  | CURRENT  | TARGET  | THINGS I CAN CHANGE |  |  |                   |  |  |           |           |           |          |          |          |        |          |         |  |
|    | Today's blood pressure:  | <table border="1"> <tr> <td colspan="3">Systolic (mm Hg)</td> </tr> <tr> <td colspan="3">Diastolic (mm Hg)</td> </tr> <tr> <td>Below 140</td> <td>Below 130</td> <td>Below 135</td> </tr> <tr> <td>Below 90</td> <td>Below 80</td> <td>Below 85</td> </tr> <tr> <td>CLINIC</td> <td>DIABETES</td> <td>AT HOME</td> </tr> </table> | Systolic (mm Hg)    |  |  | Diastolic (mm Hg) |  |  | Below 140 | Below 130 | Below 135 | Below 90 | Below 80 | Below 85 | CLINIC | DIABETES | AT HOME |  |
| Systolic (mm Hg)  |  |   |                     |  |  |                   |  |  |           |           |           |          |          |          |        |          |         |  |
| Diastolic (mm Hg)   |  |   |                     |  |  |                   |  |  |           |           |           |          |          |          |        |          |         |  |
| Below 140   | Below 130  | Below 135   |                     |  |  |                   |  |  |           |           |           |          |          |          |        |          |         |  |
| Below 90  | Below 80   | Below 85  |                     |  |  |                   |  |  |           |           |           |          |          |          |        |          |         |  |
| CLINIC  | DIABETES   | AT HOME   |                     |  |  |                   |  |  |           |           |           |          |          |          |        |          |         |  |
|    | Cholesterol:<br>LDL:<br>Triglycerides:<br>Non HDL-C:<br>HDL:   | Total: <5.2<br>LDL: <<br>Triglycerides: <1.7<br>Non HDL-C: <2.6<br>HDL: >1.0 (men) >1.3 (women)   |                     |  |  |                   |  |  |           |           |           |          |          |          |        |          |         |  |
|    | HbA1C:<br>Fasting blood sugar:   | For most people:<br>HbA1C: 7% or less<br>Fasting blood sugar: 4-7mmol/L   |                     |  |  |                   |  |  |           |           |           |          |          |          |        |          |         |  |
|    | <input type="checkbox"/> Smoking<br><input type="checkbox"/> Cutting back<br><input type="checkbox"/> Non-smoker | Smoke and tobacco free  |                     |  |  |                   |  |  |           |           |           |          |          |          |        |          |         |  |
|   | Waist circumference:   | Men: <102 cm (40")<br>Women: <88 cm (35")   |                     |  |  |                   |  |  |           |           |           |          |          |          |        |          |         |  |
|  | Meals/day:<br>Fruits & veggies/day:  | 3 meals per day<br>7 servings of fruits & vegetables/day  |                     |  |  |                   |  |  |           |           |           |          |          |          |        |          |         |  |
|  | Exercise:<br>Minutes/day:<br>Days/week:  | 150 minutes moderate to vigorous activity per week in periods of 10 minutes or more   |                     |  |  |                   |  |  |           |           |           |          |          |          |        |          |         |  |
|  | Drinks/week:   | Women: <10 drinks a week to a maximum of 2 per day.<br>Men: <15 drinks a week to a maximum of 3 per day.<br>In some cases NO alcohol.   |                     |  |  |                   |  |  |           |           |           |          |          |          |        |          |         |  |
|  | Sleep ____ hours/night<br>Sleep apnea: Yes or No   | Sleep 6 to 8 hours/night  |                     |  |  |                   |  |  |           |           |           |          |          |          |        |          |         |  |
|  | <input type="checkbox"/> Feeling stress<br><input type="checkbox"/> Feeling depressed                            | Reduce activities that cause stress   |                     |  |  |                   |  |  |           |           |           |          |          |          |        |          |         |  |
|  | Atrial fibrillation:<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | Medication prescribed:  |                     |  |  |                   |  |  |           |           |           |          |          |          |        |          |         |  |