



**The Vascular Protection Clinic**  
**Referral Form**  
**Phone: (613) 267-1500 ext. 4263**  
**Fax: (613) 267-3449**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Alternate or work#: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_  
 HIN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Z# \_\_\_\_\_

**\*\*ALL diagnostic testing MUST be initiated at the time of referral\*\***  
**\*\*FAX all referrals directly to appropriate departments \*\***

Referring Physician \_\_\_\_\_ / \_\_\_\_\_  
 (signature) (print please)

Physician Referring No: \_\_\_\_\_ Date: \_\_\_\_\_

Office contact info: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*\*\*\*\*

**Onset of event:** (date) \_\_\_\_\_ **Duration of event:** \_\_\_\_\_

**Event Description:**

**Please attach clinic note, medical history and/or ER record for more info.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INVESTIGATIONS** (Indicate date of test)

- EKG \_\_\_\_\_
- 48 Hour Holter \_\_\_\_\_
- CTA Scan – Head \_\_\_\_\_
- Echocardiogram \_\_\_\_\_
- Carotid Doppler (if CTA not available) \_\_\_\_\_
- Outpatient FASTING BW \_\_\_\_\_

**MEDICATIONS** (Name/dose)

- Antiplatelet: \_\_\_\_\_
- Lipid Lowering Agent: \_\_\_\_\_
- Ace Inhibitor: \_\_\_\_\_
- Other: \_\_\_\_\_
- Allergies: \_\_\_\_\_

**SIGNS AND SYMPTOMS OF TIA/CVA:** (please specify)

- Sensory     Motor     Amaurosis Fugax
- Right     Left     Face  Arm     Leg
- Vertigo     Other: \_\_\_\_\_

**VASCULAR RISK FACTORS:**

- Age     HTN     Hx TIA/CVA
- Weight     Cholesterol     A-Fib
- Sedentary     DM     Known carotid stenosis
- Family History

Smoker     Never     Current    Pack Years \_\_\_\_\_

**Recommendations:**

1. Refer all patients with TIA/CVA to the Vascular Protection Clinic.
2. Consider admitting crescendo TIAs; persisting deficits of new onset.
3. Start or change antiplatelet therapy if complete resolution of event (or if negative CT scan)
4. Carotid dopplers (or CT-A) within 24 hours of an anterior circulation event.
5. Consider ENT referral for vertigo without associated neurologic signs and symptoms
6. Consider patients without an event but at high risk i.e. if  $\geq 3$  risk factors, or significantly poor control of 1 or more risk factors, for referral re primary prevention.