

Stroke Prevention Clinic & TAMS Unit Referral

Toronto Western Hospital: Neurology—Stroke Program

Patient Addressograph

PATIENT

Best Contact Person:
Phone:

Symptoms

Onset Date

Visual			Motor			Sensory			Speech		
Monocular	L <input type="checkbox"/>	R <input type="checkbox"/>	Face	L <input type="checkbox"/>	R <input type="checkbox"/>	Face	L <input type="checkbox"/>	R <input type="checkbox"/>	Dysarthria	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Field Loss	L <input type="checkbox"/>	R <input type="checkbox"/>	Arm	L <input type="checkbox"/>	R <input type="checkbox"/>	Arm	L <input type="checkbox"/>	R <input type="checkbox"/>	Aphasia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diplopia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Leg	L <input type="checkbox"/>	R <input type="checkbox"/>	Leg	L <input type="checkbox"/>	R <input type="checkbox"/>			
Duration	__h: __m		Duration	__h: __m		Duration	__h: __m		Duration	__h: __m	

Other Symptoms (specify):

Diagnosis	<input type="radio"/> TIA <input type="radio"/> Ischemic Stroke <input type="radio"/> ICH <input type="radio"/> Other: _____	
Referral Reason	Remote stroke <input type="checkbox"/> Asymptomatic stenosis <input type="checkbox"/> Stroke prevention <input type="checkbox"/>	
Persistent Focal Symptoms?	NO <input type="checkbox"/> YES <input type="checkbox"/>	If YES—dysphagia screen must be done prior to ED discharge. Failed screen should see SLP prior to discharge home

MD/NP

Referral Date	Referral Source ED TWH TGH MSH SJH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Referring Staff MD/NP	Signature	OHIP Billing #
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Required Investigations	<input type="radio"/> CT brain <input type="radio"/> ECG <input type="radio"/> Labs	
Document Antithrombotic <input type="checkbox"/> Antiplatelet <input type="checkbox"/> Anticoagulant	Drug Name	If NO Rx Specify Reason

Give to Ward Clerk immediately for emailing/fax. Patients are triaged to TAMS/SPC by acuity.
Give patients copy of clinic information located on back of referral.

CLERK

Email/fax entire referral & medical notes ASAP to **TAMS.SPCreferrals@uhn.ca**

Include: **1. Referral Form** 2. All Medical Notes (front & back) 3. ECG

You were seen by the health care team in the Emergency Department because you may have had a TIA or a stroke. They referred you to the Stroke Program at Toronto Western Hospital (TWH) where you will work with a team of experts in stroke prevention and care. You will receive the care, education and support you need to prevent a future stroke.

A member of the stroke team will assess your referral. Depending on your needs, you will be assigned to either the TIA and Minor Stroke (TAMS) Unit or the Stroke Prevention Clinic (SPC). They will phone you or send you a letter with the appointment date and time.

The TIA and Minor Stroke (TAMS) Unit	The Stroke Prevention Clinic (SPC)
<p>A day unit for people who have a higher risk of stroke.</p> <p>Provides assessment and treatment by a team of health care professionals.</p> <p>Appointment will take 2 to 6 hours depending on tests and imaging needed.</p> <p>If you are assigned to the TAMS Unit, you may receive a call from the Stroke Nurse Practitioner after leaving the emergency department to talk with you about your symptoms and to determine what the next steps are in your care.</p> <p>TAMS Unit: Toronto Western Hospital (TWH), 399 Bathurst St. Fell Pavilion – 6th floor (Room 6FP – 181)</p> <p>Take Fell elevators to the 6th floor and check-in at the TAMS Unit</p> <p>Hours: 7 days a week (except statutory holidays), 8:00 am to 4:00 pm</p> <p>Phone: 416 603 5800 extension 2144</p>	<p>An outpatient clinic for people who had a stroke or are at risk of having a stroke.</p> <p>Provides assessment, education and support.</p> <p>Your appointment can take up to 2 hours because several of our staff may be involved in your care.</p> <p>If you are assigned to the SPC, a member of the stroke team will phone you or send you a letter within a few days of leaving the hospital with an appointment date and time.</p> <p>SPC: Toronto Western Hospital (TWH), 399 Bathurst St. West Wing – 2nd floor</p> <p>Take West Wing Elevators to the 2nd floor and check-in at the Neurology Reception</p> <p>Hours: Mondays, 11:00 am to 5:00 pm Fridays, 9:00 am to 2:00 pm</p> <p>Phone: For appointment information 416 603 5413 For questions about your health 416 603 5800 extension 2073</p>

What to bring to your visit at TAMS Unit or SPC:

Your Ontario Health Card (OHIP). If you do not have an OHIP card, please bring another form of government-issued photo ID (such as a driver's license, passport, or other provincial health card).

A current list of medications and other health forms.

Any recent CT, MRI scans (on a CD) if not done at an Ontario Hospital.

Stroke is a medical emergency. Call 911 right away if you notice any of these signs of stroke.

FACE: Is it drooping?

ARMS: Can you raise both?

SPEECH: Is it slurred or jumbled?

TIME: To call 9-1-1 right away

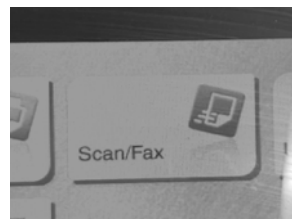
Instructions on How to EMAIL Referral

Using the Photocopier in the MAIN Emergency Area

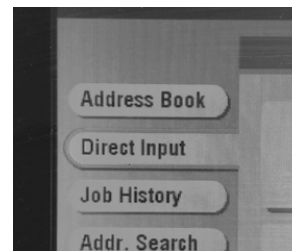
Press the “**Menu**” Button



Select “**Scan / Fax**”



Select “**Direct Input**”



Select “**E-mail**”



Type Email Address: **TAMS.SPCreferrals@uhn.ca**

Place Referral in The Document Feeder

Press BIG GREEN “**START**” Button