vancouver coastal Health
Providing wellness. Ensuring care.

Name:

DOB:

PHN:

Address:

Phone:

LGH Stroke and TIA Urgent Referral Form

Lions Gate Hospital
231 East 15th Street
North Vancouver, BC V7L 2L7
Ph: (604) 988-3131

Referral Form ** fax to (604) 904-3513 **

Please complete the following:

1. Reason for referral TIA _____ Stroke_____ Prevention _____
2. Print name of referring physician: _____MSP# _____
3. GP: _____MSP#_____
4. Date of Stroke/TIA onset: _____ Time of Stroke/TIA onset: _____
5. Age:
6. BP:
7. Clinical Features:
   - ❑ Unilateral weakness (left / right)
   - ❑ Speech disturbance
   - ❑ Ataxia
   - ❑ Visual disturbance
   - ❑ Other _____
8. Duration of Symptoms:
   - ❑ ≥ 60 min
   - ❑ 10-59 min
   - ❑ <10 min
9. Risk factor identification:
   - ❑ Diabetes
   - ❑ Hypertension
   - ❑ History of AF
   - ❑ Hyperlipidemia
10. Treatment/tests Initiated (eg.ASA/Plavix/CT, etc.):
11. Attach copy of ECG if available
12. Please send patient for Creatinine and GFR or attach recent results if available

6 Point ABCD² Score

≥ 60 years old	= 1
< 60 years old	= 0
140 systolic and/or diastolic ≥ 90	= 1
Weakness	= 2
Speech, no weak	= 1
Other	= 0
≥ 60 min	= 2
10-59 min	= 1
< 10 min	= 0
Total	

For internal use only:
Faxed to: _____ Date and time: _____
Neurologist