



MINDS

Mississauga Institute of Neurological
Disorders and Stroke

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REQUISITION FORM FOR STROKE/TIA CONSULTATION

PATIENT INFORMATION

Last Name:	First Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (DD/MM/YYYY):	Home #:	Cell #:
Health Card #:	<input type="checkbox"/> OHIP <input type="checkbox"/> Private Pay <input type="checkbox"/> Motor Vehicle Accident	
<input type="checkbox"/> Emergent (1-2 wks) <input type="checkbox"/> Urgent (2-4 wks) <input type="checkbox"/> Non-Urgent (>4 wks)		
If acute, please refer to the emergency department or the TIA clinic to be seen within 48 hours.		

PAST MEDICAL HISTORY

INDICATION(S) FOR CONSULT

- Chronic stroke
- Subacute stroke post-discharge
- Subacute TIA/stroke awaiting investigations

STROKE INVESTIGATIONS

- Comprehensive investigations
(Echocardiogram with bubble, carotid dopplers, 30-day Holter monitoring)**
- Echocardiogram with bubble
- Echocardiogram with contrast
- Carotid dopplers
- Holter monitoring
 - 48h 72h 30d
- Ambulatory blood pressure monitoring

REFERRING PHYSICIAN INFORMATION

Name:	Billing Number:
Phone:	Fax:
Copies to:	