MINDS
Mississauga Institute of Neurological Disorders and Stroke

Unit #9, 2145 Dunwin Drive
Mississauga, Ontario L5L 4L9

Phone: (905) 896-3000
Fax: (905) 896-8906
Website: www.mindsneurology.com

Requisition Form for TIA/Stroke Consultation

PATIENT INFORMATION

Last Name:	First Name:	Gender: ☐ Male ☐ Female
Date of Birth (DD/MM/YYYY):	Home #:	Cell #:
Health Card #:		

If hyperacute stroke symptoms, please refer to the emergency department.
Patients will be triaged as per the Canadian Stroke Best Practice Guidelines.

CLINICAL INFORMATION

Date of symptom onset _____

Clinical Symptoms:

- ☐ **Unilateral weakness**
- ☐ **Aphasia/dysarthria**
- ☐ **Transient monocular vision loss/diplopia**
- ☐ **Focal sensory symptoms**
- ☐ **Other _____**

Has vascular imaging been completed?

☐ **CTA head and neck** ☐ **Carotid Ultrasound**

☐ **Chronic Infarct or incidental Stroke on neuroimaging**
☐ **Asymptomatic Carotid Stenosis**

STROKE INVESTIGATIONS

☐ **Defer to stroke neurologist discretion**

☐ **Echocardiogram**
- ☐ **Echocardiogram with bubble**

☐ **Holter monitoring**
- ☐ **48h** ☐ **72h** ☐ **14 Days** ☐ **30 Days**

☐ **Carotid doppler** ☐ **Transcranial doppler PFO study**

REFERRING PHYSICIAN INFORMATION

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