



**CONSULT NOTE
FAX COVER**

Date: _____

DD-MMM-YYYY

SENDER

Name: _____

Title: _____

Org. : _____

Fax: _____

Telephone: _____

RECIPIENT

Name: _____

Title: _____

Org. : _____

Fax: _____

Telephone: _____

This fax contains ____ pages total including the cover page.

Notes (optional):

This document may contain confidential information which is subject to privacy laws. This material may not be distributed, copied or disclosed to unauthorized persons. If you receive or access this information in error, please notify the owner or OTN immediately by telephoning 1-855-654-0888.

CONSULT NOTE FORM

Patient: _____
 OHIP #: _____
 DOB: _____ Age: _____ Sex (M/F): _____
 Hospital: _____
 MRN: _____
 Ref MD: _____
 Contact #: _____
 Billing Code: _____

Date of Stroke: _____
 Stroke Onset: _____ Time (HHMM) + day
 Last seen normal: _____
 Symptoms first recognized: _____
 EMS Evaluation: _____
 ER Arrival: _____
 CT Scan: _____
 Consultant paged: _____
 Consult initiated: _____
 Consult completed: _____

HISTORY

RISK FACTORS

<input type="checkbox"/> Hypertension	<input type="checkbox"/> DM	<input type="checkbox"/> ↑Lipids	<input type="checkbox"/> Smoking	<input type="checkbox"/> Neck Trauma
<input type="checkbox"/> CAD	<input type="checkbox"/> Valve Disease	<input type="checkbox"/> AF	<input type="checkbox"/> PVD	<input type="checkbox"/> Prior Stroke

Other Relevant Illnesses:

Current Medications:

Pre-stroke patient was on antiplatelet agent, specify: _____
 anticoagulant, specify: _____

Patient: _____

Date: _____

MRN: _____

EXAMINATION

BP: _____ / _____	Pulse: _____	<input type="radio"/> Reg <input type="radio"/> Irreg	RR: _____	Temp: _____
-------------------	--------------	---	-----------	-------------

GCS: _____

Any evidence of recent bruising, trauma?

Other relevant features?

Neurological Exam (other):

NIH STROKE SCORE

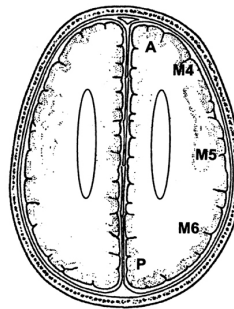
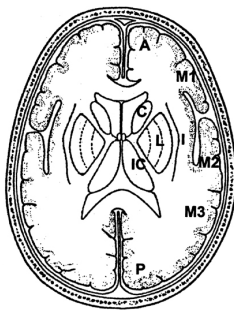
Item		Score
1 a.	Level of Consciousness	
1 b.	LOC Questions	
1 c.	LOC Commands	
2.	Best Gaze	
3.	Visual	
4.	Facial Palsy	
5 a.	Motor Arm - Left	
5 b.	Motor Arm - Right	
6 a.	Motor Leg - Left	
6 b.	Motor Leg - Right	
7.	Limb Ataxia	
8.	Sensory	
9.	Language	
10.	Dysarthria	
11.	Extinction and Inattention	
TOTAL		

LAB RESULTS

Glucose: _____	Platelets: _____	INR: _____	PTT: _____	Creat: _____
----------------	------------------	------------	------------	--------------

CT Scan: CTA Multiphase Perfusion

- Hemorrhage
- Hyperdense vessel
- LVO
 - Carotid T
 - Carotid L
 - M1
 - M2
 - M3



ASPECT Score

- Caudate _____
- Lentiform _____
- Insula _____
- IC _____
- MCA 1 _____
- MCA 2 _____
- MCA 3 _____
- MCA 4 _____
- MCA 5 _____
- MCA 6 _____
- TOTAL _____

Consultant's interpretation CT imaging:

Patient: _____

Date: _____

MRN: _____

CONSULTANTS OPINION:

Recommendation to treat with tPA: <input type="radio"/> Yes <input type="radio"/> No	If tPA not given, specify reason: _____	Document needle time: _____
Recommendation to send for EVT: <input type="radio"/> Yes <input type="radio"/> No	Name of hospital where patient was transferred for EVT: _____	

Time: _____

Date: _____

Signature: _____

Contact Information

Name: _____

Fax: _____

Title: _____

Telephone: _____

Org. : _____

[Download](#) Hospital Telephone & Fax

DATA COLLECTION FORM

DO NOT send to referring hospital

FAX to 416-603-5768 or
EMAIL to frank.silver@uhn.ca

Date of Consult: _____

Age of Patient: _____

Referring Hospital: _____

Date of Stroke: _____

Telestroke MD: _____

Time (HHMM) + day

CT Scan: CTA Multiphase Perfusion

Stroke Onset:

Hemorrhage

Time: _____

Last seen normal: _____

Hyperdense vessel

ASPECT: _____

Symptoms first
recognized: _____

LVO

Carotid T

NIHSS: _____

Carotid L

M1

GCS: _____

M2

M3

EMS Evaluation: _____

ER Arrival: _____

antiplatelet agent,
specify: _____

CT Scan: _____

anticoagulant,
specify: _____

Consultant paged: _____

IV tPA:

Yes No Needle time: _____

Consult initiated: _____

If not given, why: _____

Consult completed: _____

EVT:

Yes No

Hospital: _____

Services Provided:

Comments (technical problems, concerns, feedback):

Telestroke Consult Sent