

STROKE Endovascular Treatment Transfer Communication Form

Place patient label here

All patients who are eligible for Endovascular Treatment **MUST** have the Transfer Communication Form completed by the referring site prior to transfer,

1. Place on top of copied chart to accompany patient **AND**
2. **IMMEDIATELY** fax copy of form to EVT site using fax numbers listed below.

****DO NOT DELAY TRANSPORT ****

PATIENT INFORMATION (MD to complete prior to contacting CritiCall)								
Allergies:								
Isolation Precautions:	COVID-19: Screening status: Testing status:							
Date and Time Last Seen Well: ____ / ____ / ____ (dd/mm/yy) ____ : ____ (hh:mm)								
Deficit and Severity (describe visual, speech, motor deficits):								
NIHSS:								
**Do NOT delay calling CritiCall to await local interpretation of imaging.								
MEDICATIONS (MD to complete prior to contacting CritiCall)								
<input type="checkbox"/> Antiplatelet Agents (e.g., EC ASA, Clopidogrel) <input type="checkbox"/> Anticoagulation Agents (e.g., Dabigatran, Rivaroxaban, Apixaban, Edoxaban, Warfarin) _____								
Thrombolysis delivery site	<input type="checkbox"/> Yes <input type="checkbox"/> No	Thrombolytic administered: Yes <input type="checkbox"/> No <input type="checkbox"/>						
If Yes (dd/mm/yy) ____ / ____ / ____ (hh:mm) ____ : ____		Alteplase <input type="checkbox"/> Tenecteplase <input type="checkbox"/>						
If no, reason (e.g., recent head injury, outside treatment window) _____								
EVT Stroke Centre	EVT Stroke Centre Physician	Date of Referral: (dd/mm/yy)						
SHSC SMH TWH KHSC HSN								
Referring Centre Name	Referring Physician	Referring Physician Contact #						
DEMOGRAPHICS:								
Name:		OHIP #:						
Patient Address:		Phone #:						
Next of Kin (Name/Relationship):		Phone #:						
<input type="checkbox"/> Remove patient's clothing and change into a gown (if time allows) <input type="checkbox"/> Photocopy/Print/Fax/Send entire chart to EVT Stroke Centre, including: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Diagnostic Investigations</td> <td><input type="checkbox"/> Consultation Note</td> <td><input type="checkbox"/> Nursing Notes/ CNS</td> </tr> <tr> <td><input type="checkbox"/> Labs</td> <td><input type="checkbox"/> List of Medications</td> <td><input type="checkbox"/> Printed orders</td> </tr> </table> (note: CT imaging is shared through ENITS, CD copy is not required)			<input type="checkbox"/> Diagnostic Investigations	<input type="checkbox"/> Consultation Note	<input type="checkbox"/> Nursing Notes/ CNS	<input type="checkbox"/> Labs	<input type="checkbox"/> List of Medications	<input type="checkbox"/> Printed orders
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<input type="checkbox"/> Labs	<input type="checkbox"/> List of Medications	<input type="checkbox"/> Printed orders						
<input type="checkbox"/> Pre-Notify EVT Stroke Centre re time patient leaving referring centre <input type="checkbox"/> Provide EVT Brochure pamphlet to family or substitute decision maker								
EVT Centre Contact Information:								
Sunnybrook Health Sciences Centre (SHSC)	P: 416-480-6100 x88093	F: 416-480-6846						
St. Michaels Hospital (SMH)	P: 416-864-6060 x45634 or 49255	F: 416-864-5138						
Toronto Western Hospital (TWH)	P: 416-603-5190	F: 416-603-5288						
Kingston Health Sciences Centre (KHSC)	P: 613-549-6666 x7003	F: 613-548-2420						
Health Sciences North (HSN)	P: 705-675-4790	F: 705-675-4794						

Note: The above EVT Transfer Communication form **MUST** be completed in its entirety prior to transfer.