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:		
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)		
☐ Antiplatelet Agents (e.g., EC ASA, Clopidogrel) ☐ Anticoagulation Agents (e.g., Dabigatran, Rivaroxaban, Apixaban, Edoxaban, Warfarin) _____ If Yes *(dd/mm/yy)* _____/_____/_____ *(hh:mm)* _____		
Thrombolysis delivery site ☐ Yes ☐ No	Thrombolytic administered: Yes ☐ No ☐	
If Yes *(dd/mm/yy)* _____/_____/_____ *(hh:mm)* _____:_____ Alteplase ☐ Tenecteplase ☐ 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 #:**

☐ Remove patient's clothing and change into a gown (if time allows)

☐ Photocopy/Print/Fax/Send entire chart to EVT Stroke Centre, including:

☐ Diagnostic Investigations ☐ Consultation Note ☐ Nursing Notes/ CNS

☐ Labs ☐ List of Medications ☐ Printed orders

☐ Pre-Notify EVT Stroke Centre re time patient leaving referring centre

☐ Provide EVT Brochure pamphlet to family or substitute decision maker

☐ Confirm patient, family/SDM have been advised that they may be sent back if not eligible for treatment

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: 416-864-5493**
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 EVT Transfer Communication form **MUST** be completed in its entirety prior to transfer.
Land transfer is recommended wherever possible to support timely management of these patients