STROKE PREVENTION CLINIC PATIENT SUMMARY

INFORMATION			
Date of visit		My nurse	
My doctor		Other	

MY DIAGNOSIS			
	Transient Ischemic Attack (TIA)		Ischemic Stroke
	Hemorrhagic Stroke		Other:

WHAT ARE MY STROKE RISK FACTORS? (CHECK THOSE THAT APPLY TO YOU)				
RISK FACTORS I CAN CHANGE	RISK FACTORS I CANNOT CHANGE			
High blood pressure	Abdominal obesity	Atrial fibrillation		
Smoking/vaping	. Inactivity			
Diet/Unhealthy eating	High blood cholesterol			
Uncontrolled diabetes	Alcohol intake			
Sleep apnea	Stress/Mood			

MY PLAN OF CARE	
NEW MEDICATIONS	
Medication Name:	Medication Name:
Reason:	Reason:
Medication Name:	Medication Name:
Reason:	Reason:
Medication Name:	Medication Name:
Reason:	Reason:

⊡

You might be starting new medications. It is important to take them properly. Speak to your doctor, nurse or pharmacist if you have questions about any medications you are taking.

FINAL - July 10, 2020 Page 1 of 3



TESTS I STILL NEED		
1.	2.	
3.	4.	
All test results and your clinic visit note will be sent to your Family Doctor.		

APPOINTMENTS THAT HAVE BEEN MADE FOR ME:		
1.	2.	
3.	4.	
Schedule a visit with your Family Doctor to discuss the results of any tests that were not yet available		



Schedule a visit with your Family Doctor to discuss the results of any tests that were not yet available at the time of your visit at the Stroke Prevention Clinic. Bring this document to your next doctor's appointment and review it with them.

DRIVING		
		No restrictions on driving
		Do not drive for days Next steps:
		Do not drive – Ministry of Transportation has been notified. Next steps:

Support Services in my Community | www.thehealthline.ca Community and Social Services Helpline | Call 2-1-1 For Stroke Information | www.heartandstroke.ca

Stroke and TIA are a medical emergency!



Learn and recognize and respond immediately to any of these signs of stroke. Call 9-1-1 even if your symptoms go away.

F ace is it drooping?

A rms can you raise both?

Speech is it slurred or jumbled?

Time to call 9-1-1 right away.

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WHO TO CONTACT WITH QUESTIONS: SITE LOGO:

FINAL - July 10, 2020 Page 2 of 3



MY STROKE RISK FACTORS			
RISK FACTORS	CURRENT	TARGET	THINGS I CAN CHANGE
Blood Pressure	Today's blood pressure:	Systolic (mm Hg) Diastolic (mm Hg) Below 140 Below 130 Below 135 Below 90 Below 80 Below 85 CLINIC DIABETES AT HOME	
Cholesterol	Cholesterol: LDL: Triglycerides: Non HDL-C: HDL:	Total: <5.2 LDL: < Triglycerides: <1.7 Non HDL-C: <2.6 HDL: >1.0 (men) >1.3 (women)	
Diabetes	HbA1C: Fasting blood sugar:	For most people: HbA1C: 7% or less Fasting blood sugar: 4-7mmol/L	
Smoking/vaping	SmokingCutting backNon-smoker	Smoke and tobacco free	
Waist Circumference	Waist circumference:	Men: <102 cm (40") Women: <88 cm (35")	
Diet	Meals/day: Fruits & veggies/day:	3 meals per day 7 servings of fruits & vegetables/day	
Inactivity	Exercise: Minutes/day: Days/week:	150 minutes moderate to vigorous activity per week in periods of 10 minutes or more	
Alcohol Intake	Drinks/week:	Women: <10 drinks a week to a maximum of 2 per day. Men: <15 drinks a week to a maximum of 3 per day. In some cases NO alcohol.	
Sleep	Sleep hours/night Sleep apnea: Yes or No	Sleep 6 to 8 hours/night	
Stress/Mood	☐ Feeling stress☐ Feeling depressed	Reduce activities that cause stress	
Atrial Fibrillation	Atrial fibrillation: Yes No	Medication prescribed:	

FINAL - July 10, 2020 Page **3** of **3**