Women in Midlife (WIM)
Brain Health and Stroke Prevention Program
Jay and Sari Sonshine Centre for Stroke Prevention and Cerebrovascular Brain Health, UHN

Referral form

*Please complete all fields marked **

About the program

- Primary and secondary stroke prevention for women at high risk of stroke or vascular dementia during the menopause transition.
- Brain health care during the menopause transition from clinicians with expertise in stroke prevention, lifestyle medicine and women's brain health in midlife.

Who can refer

- Neurologists (general or subspecialty)
- TWH Family Practice
- Women's health specialists (OBs, menopause specialists, GP-OBs, GP-menopause)
- Nurse practitioners in neurology (general or subspecialty) or women's health

Please note: this is a **preventive neurology care clinic** and is not intended to replace routine neurological or primary medical care.

1 Referring provider

Date of referral (DD/MM/YYYY) *

Billing number *

Provider name and title *

Healthcare institution / clinic *

Provider phone *

Provider email

2 Patient information

Full name *

Date of birth (DD/MM/YYYY) *

Health card number and version code *

Phone *

Email

Address *

Interpreter required? ◯ Yes ◯ No Language

3 Referral urgency

◯ Routine (3–4 months) ◯ Urgent – please explain:

4 Eligibility

☐ **I confirm the patient is a woman aged 35–65.**

The patient meets at least one of the following (check all that apply):

☐ History of stroke or TIA and/or vascular risk factors (hypertension, diabetes, dyslipidemia)
☐ Significant menopausal symptoms and seeking brain health guidance
☐ Other neurological disorders with a high-risk vascular profile
☐ Interest in lifestyle-based prevention strategies for vascular health

5 Reason for referral

- ☐ Preventive brain health strategies during the menopause transition (stroke and vascular dementia prevention)
- ☐ Stroke and vascular risk assessment for women considering menopause hormone therapy (MHT)

6 Relevant history

Menopause status * ◯ Perimenopause ◯ Menopause ◯ Postmenopause ◯ N/A

Neurological diagnoses (including prior stroke or dementia diagnosis)

Mental health history

Current medications (or attach a list)

Please attach recent bloodwork and imaging reports, if available.

7 Additional comments

Referring provider signature

Date (DD/MM/YYYY)

Send the completed form

Fax 416-340-3937

eFax efax-jssc@uhn.ca

Questions: 416-603-5800 ext. 5614 · wimprogram@uhn.ca

The WIM team will contact the patient with an appointment date and time.

Incomplete or illegible referrals may be returned for clarification.

Toronto Western Hospital, Division of Neurology / Stroke Program, 2nd Floor, West Wing