TIA Clinic Referral Form

Patient details:	Referral made by:
Name: DOB: __/__/__ Hospital No: Address: Postcode: Tel./Mobile:	Consultant details: GP details: Name: Address: Tel./Mobile: Email address:
Date of event/Time of event	**Time/Date of Assessment//First contact**
Date: __/__/__ Time __:__ (24h clock)	Date: __/__/__ Time __:__ (24h clock)
Time/Date of referral	**Source of Referral:**
Date: __/__/__ Time __:__ (24h clock)	☐ GP ☐ A/E ☐ EAU ☐ Other

Clinical Features	Yes	Right	Left	Brief History/Relevant Info:
Hemiparesis/arm weakness	☐	☐	☐	
Hemi-sensory loss	☐	☐	☐	
Loss of vision one eye	☐	☐	☐	
Loss of visual field	☐	☐	☐	
Diplopia	☐	☐	☐	
Incordination/ataxia	☐			
Dysphasia	☐			
Dysarthria	☐			BP:
True Vertigo	☐			
				Duration of symptoms/?ongoing:

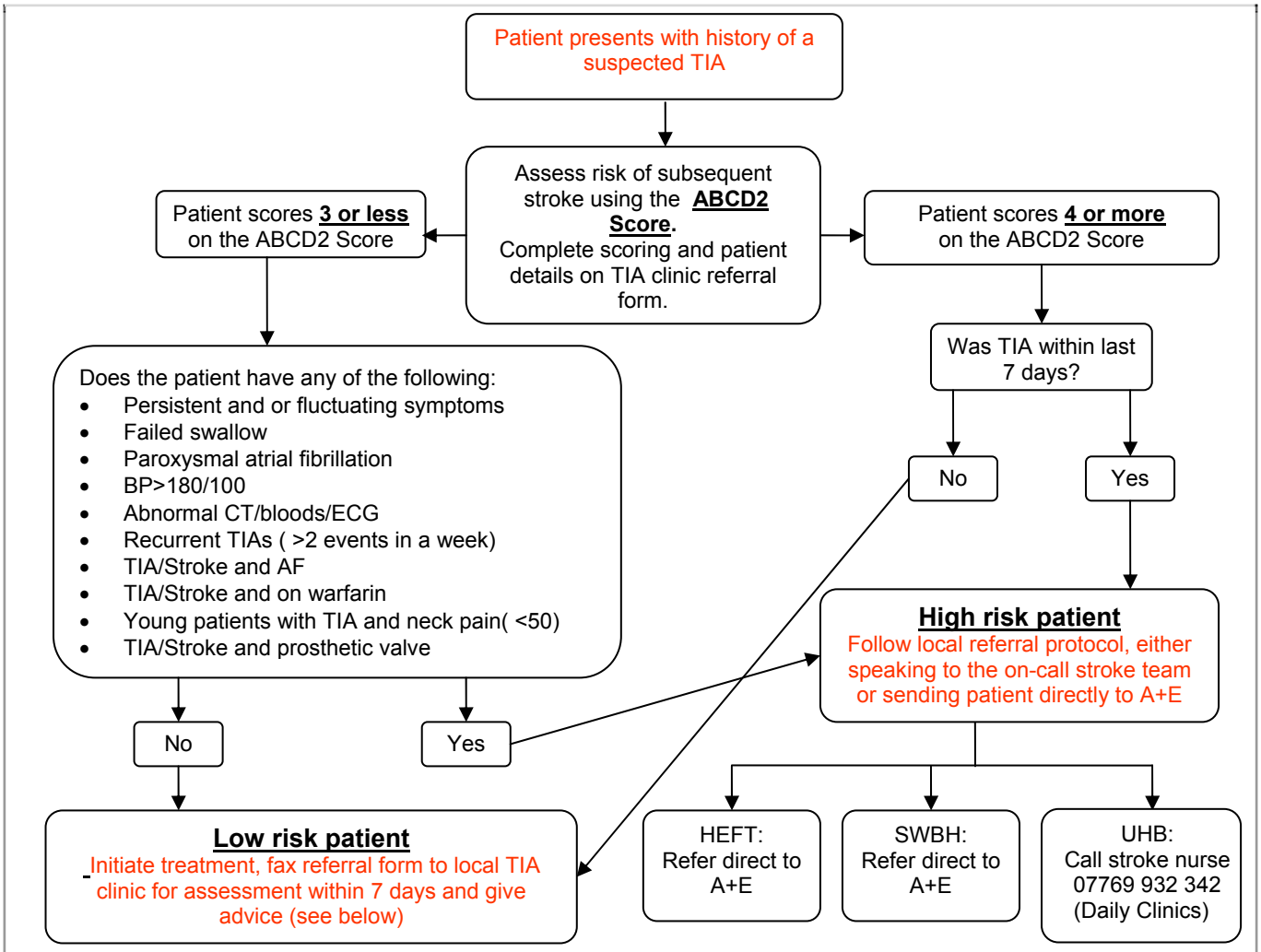
Past medical history:				Investigations:			
AF	☐	Smoker	☐	Date/Time:			
Hypertension	☐	PVD	☐	Result:			
Angina	☐	DM	☐	FBC	☐	ESR	☐
MI	☐	Hyperlipidaemia	☐	UE	☐	Glu	☐
CABG	☐	Heart failure	☐	Chol	☐	TG	☐
Stroke	☐			ECG	☐	CXR	☐
				CT/MRI	☐		
				Referred for Carotid Doppler			

Current medications:	Medications started:

ABCD^2 Score:

A)	Age>60 years	1
B)	sBP>140 and/or dBP>90	1
C)	Clinical features:	
	Unilateral weakness	2
	Speech disturbance without weakness	1
	Other	0 (select only one item from C)
D)	Duration of symptoms	
	>60mins	2
	10-59 mins	1
	<10mins	0 (select only one item from D)
D)	Diabetes	1

Total ABCD^2 score: ☐



HIGH risk	Initiate treatment
Need immediate referral either directly to A+E or after discussion with on call stroke team ABCD^{2}score >/= 4 Persistent symptoms Fluctuating symptoms Failed swallow Paroxysmal atrial fibrillation BP>180/100 Abnormal CT/bloods/ECG Recurrent TIAs (>2 events in a week) TIA/Stroke and AF TIA/Stroke and on warfarin Young patients with TIA and neck pain(<50) TIA/Stroke and prosthetic valve	Date/time initiated: : __/__/__ Time __:__ (24h clock) Aspirin 300mg stat and OD if no contraindications and symptoms resolved (if already on aspirin-add dipyridamole MR 200mg bd) (if aspirin intolerant – start clopidrogel 75mg od) Simvastatin 40mg (target cholesterol <3.8) Add antihypertensive
LOW risk	**Advice**
Refer to TIA clinic for next available slot Attach: A/E card, ECG, Copy of results	No driving until seen in clinic If further event call 999 Eyewitness of event should accompany patient to clinic
INCOMPLETE FORMS MAY BE RETURNED AND NO APPOINTMENT ISSUED	**Fax referral to** Heartlands: 0121 753 0653 Solihull: 0121 424 4611 City: 0121 507 4925 Good Hope: 0121 424 7569 Sandwell: 0121 507 3871 Selly Oak: 0121 460 5832