

TIA referral form

Call 01737 768 511

Bleep stroke nurse 455 (24/7)

Fax referrals to: 01737 231 659

Patient Name
DOB
Address
Telephone

The case **must be discussed with the stroke nurse on bleep 455**

Source of referral: _____ date _____

Date and time of onset: _____

Date first seen by doctor: _____

Brief clinical summary

Risk stratification ABCD2 Score

Age ≥ 60	= 1	___
SBP ≥ 140 or DBP ≥ 90	= 1	___
Focal weakness	= 2	___
Speech disturbance = 1 (without focal weakness)	___	___
Duration ≥ 60mins	= 2	___
Duration 10-59mins	= 1	___
Diabetes	= 1	___

Total ABCD2 score =
RING PATIENT'S RISK BELOW
≥4 or multiple TIA with lower ABCD2 = high risk
On anticoagulant = high risk (INR _____ date _____)
≤3 or symptoms >1 week ago = lower risk

Cerebrovascular risks	Ring all that apply							
Smoking	None	Ex	Current	Pack yr	_____			
Diabetes	None	Type 1	Type 2					
Hypertension	None	Yes	Duration	_____yr				
Cholesterol/lipids	None	Yes	Chol	_____	LDL	_____		
Atrial Fibrillation (consider admission)	None	AF/flutter	PAF	Duration	_____yr			
Family History of Stroke/TIA	None	Yes	Who	_____				
Past Medical History	None	IHD	Valves	CCF	TIA	Stroke	ICH	PVD
Migraine	None	Yes	Duration	_____yr	Freq	_____ /yr		

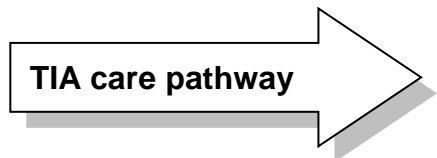
Referrer's details

Signed _____

Print name _____

Contact details _____

Date
Time



The instructions on this form must be followed in full

Surrey and Sussex Healthcare NHS Trust TIA Pathway – 18 April 2015v0319
Author: consultant physician and stroke lead

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Doctor NAME _____	Contact details _____
1. Prescribe	Aspirin 300mg immediately + PPI (unless on anticoagulant) (if Aspirin intolerant use Clopidogrel 75mg od alone)
2. Modify risk factors	Please start treatment for any identified risk factors as appropriate
3. Referral process	All referrals should go via stroke nurse on bleep 455 (24/7) to arrange TIA clinic appointment at all times
4. Referrer's responsibility	1. Initiate treatment with Aspirin/Clopidogrel as appropriate / If patient on anticoagulant seek advise immediately 2. Advise stop driving minimum four weeks (DVLA Legislation)
5. Referral form	Fax the completed TIA referral form to 01737 231 659 and please give a photocopy to the patient

Patient Phone number _____ (preferably mobile)
<p>Thank you for attending. We will need to do a blood test and some scans which will be discussed with you and arranged when you return. The results will then be discussed with you and appropriate treatment arranged later in the same day. Please do prepare for a long day and do bring this form with you.</p> <p>Please bring all your medications with you and attend the Kingsfold Unit (TIA Clinic) East Surrey Hospital at 8.30am (weekdays) and at 9am (weekends):</p> <p>Monday Tuesday Wednesday Thursday Friday Saturday Sunday</p> <p>Please do not eat or drink (except water) from midnight before you attend</p> <p>You will be able to eat after the blood test (do not fast if you are diabetic)</p> <p>Please do return to emergency department if you experience any further symptoms.</p> <p>Remember: If you have a suspected TIA, the DVLA demands that you do not drive for one month.</p>

The instructions on this form must be followed in full

Surrey and Sussex Healthcare NHS Trust TIA pathway – 18 April 2015v7 0319
 Author: consultant physician and stroke lead