**TIA Referral Form**

|  |  |
| --- | --- |
| **REFERRER DETAILS** | Referred from: GP ED OOH ACU Eye clinic other (Please circle) |
| Referrer Name: | Practice / Ward / department: |
| GP Name and address: |
| Referrer Telephone No: | Today’s date: **DD / MM / YYYY** |
| **PATIENT DETAILS** |
| Forename: | Surname: |
| Date of birth: | Gender: |
| Hospital Number: | NHS Number: |
| Address: |
| **IMPORTANT - Contact phone number(s) for patient in next 72 hours (verified):** |
| **CLINICAL FEATURES** | date and time of symptom onset: **DD / MM / YYYY** at : hours |
| date and time of first clinical contact: **DD / MM / YYYY** at : hours |
| The patient must have experienced at least one of the following symptoms:* Speech disturbance (dysphasia / dysarthria)
* Amaurosis fugax or Hemianopia
* Loss of power or sensation or both, in face / arm/ leg.
* **MORE THAN ONE** of dysarthria, Vertigo, double Vision, ataxia or dysphagia
 | **What happened? Please give details:** |
|   |
|  |
|   |
| **Further information, relevant PMH and risk factors:** |
|  |
| **NB:** one or more if: Loss of consciousness, Light headedness/Faintness/dizziness, Total body weakness or Fatigue, drop attacks or amnesia are NOT LIKELY to be TIA. Consider referral to General clinic, Falls, Neurologist |
| **TIA ABCD2 Score** | **Score** |
| **A** | age | Score 1 if over 60 |  |
| **B** | bp | Score 1 if systolic bp more than 140 and/or diastolic more than 90 at presentation |  |
| **C** | Clinical Features | Score 2 for unilateral weakness, score 1 for speech disturbance without weakness |  |
| **D** | duration | Score 1 for 10-59 minutes, score 2 for more than 60 minutes |  |
| **D2** | diabetes | Score 1 if know diabetes |  |
| **Total Score** |  |
| **HIGH RISK: ABCD2 Score 4 or more, OR more than 1 TIA in 7 days OR TIA and on Warfarin** | **LOW RISK: ABCD2 Score less than 4,****OR event more than 7 days ago** |
| Target: High risk to be seen in Tia clinic within 24 hours of first clinical contact, all others within 7 daysConsider admission to GrH of High risk patients if cannot be seen in time, or clinical need for emergency assessment**09:30–15:30 Monday-Friday:** While with patient, phone Tia clinic booking line for appointment details via **Single Point of Clinical Access (SPCA) 08454 220 300 and then fax this form to 08454 226326****Outside these hours:** Fax this form to 08454 226326 and warn the patient to expect a call with an appointment |
| **All patients: Give aspirin 300mg unless contraindicated or on Warfarin** |
| **All patients: Tell patient not to drive** |
| **Current Medication List:** |
|  |

To be Filed iN THe CorreSpoNdeNCe SeCTioN oF THe HealTH reCord.

GHNHSFT/ **Y0491**/06\_12