TIA CLINIC REFERRAL

MUSGROVE PARK HOSPITAL TAUNTON

NHS

Referring Clinician:		**Referral source: GP ☐ | A&E ☐ | AMU ☐ Other ☐** Please specify		
Patient's Name:		Telephone:		
D.O.B:		Contact no: for next 72 hours **(Important)**		
Address:		Transport Arrangement: Please specify		
GP Details:		**Time of Events**	**DATE**	**TIME**
Name:		Onset of symptoms		:
GP practice:		Duration of symptoms	In minutes	
Telephone:		Clinical assessment		:

Patients with atypical presentations or onset	Yes	
Gradual onset or spread of symptoms	☐	**If presents, UNLIKELY to be TIA. Consider referral to General clinic/Falls or Neurology clinic**
Headaches, seizure or loss of consciousness	☐	
Transient Amnesia	☐	
Isolated double vision	☐	
Isolated vertigo with no other cranial nerve features	☐	
Isolated positive sensory symptoms (pins & needles)	☐	
Ongoing neurological symptoms	☐	**Diagnose an acute stroke and admit via A&E or Stroke Practitioners bleep 3022 (Don't give aspirin prior to CT)**

At presentation: Blood pressure / mmHg	**Pulse rate /bpm Rhythm if available SR ☐ /AF ☐**

Clinical Features		**High Risk Features**	
Unilateral loss of power face arm or leg	☐	Diabetes	☐
Loss of speech (expressive/receptive)	☐	AF	☐
Unilateral loss of vision	☐	On anticoagulants (VKA, DOAC, Heparin)	☐
Unilateral loss of sensation	☐	More than one episodes within 7 days	☐

Brief description or other relevant information (Please also provide relevant PMH, medication history and attach ECG and clinical reviews if available eg. GP summery, ED notes)

Please fax **fully completed** referral form to Stroke Team on **01823 344747** or email to **TIAreferrals@tst.nhs.uk**	**Information to the patient**
Start aspirin 300mg once daily if no contraindication	Advise not to drive
Arrange blood tests (FBC, U&Es, LFT, TSH, Lipids, ESR, HbA1C)	Bring medication to the clinic
If you have any queries and would like to discuss, please contact Stroke 'phone holder' on 07795013158 between 9am – 5pm. (Stroke secretary 01823 343438, 01823 343661)	Advise any witnesses to accompany the patient
	Dial 999 if develop further symptoms for urgent admission

For office use only	ABCD2 score:			Date:	Time:
Referral Accepted:	Yes ☐	No ☐	Referral Received		:
Probable High risk TIA:	Yes ☐	No ☐	Clinic appointment		:
Comments:					