

TIA CLINIC REFERRAL

Referring Clinician:		Referral source: GP <input type="checkbox"/> ED <input type="checkbox"/> Paramedic <input type="checkbox"/> Other <input type="checkbox"/>		
Patient's Name:		Telephone:		
D.O.B:		Contact No: for next 72hrs (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				
Gradual onset or spread of symptoms	<input type="checkbox"/>	If present, UNLIKELY to be TIA. Consider referral to General clinic/Falls or Neurology clinic		
Headaches, seizure or loss of consciousness	<input type="checkbox"/>			
Transient Amnesia	<input type="checkbox"/>			
Isolated double vision	<input type="checkbox"/>			
Isolated vertigo with no other cranial nerve features	<input type="checkbox"/>			
Isolated positive sensory symptoms (pins & needles)	<input type="checkbox"/>			
Ongoing neurological symptoms	<input type="checkbox"/>	Possible acute stroke; consider admit via ED or contact Stroke Nurses 6826 or Med Reg (Do not start aspirin)		
At presentation:	Blood pressure	/	mmHg	Pulse rate /bpm
				Rhythm (if available) SR <input type="checkbox"/> /AF <input type="checkbox"/>

Detailed description of symptoms	High Risk Features			
	Diabetes	<input type="checkbox"/>		
	AF	<input type="checkbox"/>		
	More than one episode within 7 days	<input type="checkbox"/>		
	On anticoagulants (VKA, DOAC, Heparin)	<input type="checkbox"/>		
Other relevant information (Provide relevant PMH, medication history and attach ECG and clinical reviews if available eg. GP summary, ED notes)				

GPs please refer via ERS or, if out of office hours, email as below. A&E (or any other YDH dept.) please email completed form to tia.strokeservices@ydh.nhs.uk and call 01935 384344 to confirm receipt		Information to the patient		
If on DOAC patient needs urgent CT head even if no residual neurology.		Advise not to drive	<input type="checkbox"/>	
Start aspirin 300mg once daily or if contraindication Clopidogrel 75mg		Bring medication to the clinic	<input type="checkbox"/>	
Arrange blood tests (FBC, U&Es, LFT, TSH, Lipids, ESR, HbA1C)		Advise any witnesses to accompany the patient	<input type="checkbox"/>	
If the GP has any medical queries on the patient and would like to discuss with the Stroke Team in hours please call 01935 606826		Dial 999 if develop further symptoms for urgent admission	<input type="checkbox"/>	
For office use only	Probable High Risk TIA: <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE	TIME	
Referral Accepted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Referral Received	:	
Delay in Clinic:	<input type="checkbox"/> Consultant <input type="checkbox"/> Patient preference	Clinic Appointment	:	
Clinic Slot:	<input type="checkbox"/> High Risk <input type="checkbox"/> Low Risk <input type="checkbox"/> Declined (reason):			
Comments:				