

TIA Referral Form

Important Information:

- * A TIA is a brief episode of focal neurological deficit, i.e. Stroke-like but recovering within 24 hours from onset.
- * If patient has on-going new neurological deficit they will need urgent hospital admission (and those with > 2 TIAs in a week)
- * The Stroke risk is highest in the first few days following a TIA.
- * **Emergency TIA treatment reduces this Stroke risk.**
- * **If a TIA is recent (within the last week) they need to be seen within 24 hours in an Urgent TIA clinic.**
- * **A TIA occurring over a week ago requires a TIA clinic appointment within the next 7 days.**
- * **If advise wanted, then please discuss with the PRH stroke team 01952 641222 bleep 573 or 260.**
- * Suspected TIA's may have other diagnosis following a specialist Stroke review (50% have alternative Δ).
- * If clear seizure, loss of consciousness or isolated vertigo then consider an alternative referral route.
- * Patients on Warfarin, DOAC's or with Headache may require an urgent scan to exclude haemorrhage.
- * **Phone CCC on 0844 406 5676 for Appointment** who will go through Referral Form with you.
- * Please send any supporting information (i.e. ED card or GP letter) too: **UrgentTIAServiceSATH.net**

Patient Details				Source of Referral (circle)							
Name:				GP	MAU	ED	HNARC	Other	Paramedic		
Address: < STICKER >				First contact date: ___/___/___ time ___:___ (24hr) Name Referrer: Referrer Number: Referral date: ___/___/___ time ___:___ (24hr)							
Date of Birth:				GP Name:							
Telephone Mobile:				Address:							
Home:				Telephone							
				e-mail:							
Clinical Features			Present	Right	Left	Further History or Relevant Information:					
Hemiparesis / Arm weakness						Please write as much clinical detail about episode or attach clinic letter					
Hemiparesis / Leg weakness											
Loss of Vision				B/P /							
Loss of Speech											
Vertigo											
Double Vision											
Loss of Co-ordination											
Date of Symptoms: ___/___/___						Appointment Date ___/___/___ Time ___:___					
Duration of Symptoms to complete Resolution: _____						Where: The Paul Brown Building, Princess Royal Hospital					
Current Medications						Past Medical History / Vascular Risk Factors					
* Give 300mg Aspirin stat, and daily if clinic delay, unless contraindicated (i.e. significant headache or on Warfarin) and symptoms have fully resolved.						Hypertension			Hyperlipidaemia		
						Ischemic Heart Disease			Smoker		
						Heart Failure			Obesity		
						Diabetes			Past Stroke / TIA		
						Atrial Fibrillation			Migraine		
						PVD			Other		
URGENCY:											
TIA in last 7 DAYS - see within 24 HOURS <input type="checkbox"/> tick TIA over a WEEK ago - see within next 7 DAYS <input type="checkbox"/> tick											
Tell patient * Do Not Drive until assessed * If there was a witness ask them to accompany patient to clinic. * If any further event they should go straight to the Emergency Department.											
TIA appointment and Referrals can only be made through the Care Co-Ordination Centre (CCC) 0844 406 5676 Advice can be sought from PRH Stroke Nurse 01952 641222 bleep 573 or 260 Please send any supporting information (ED card or GP letter) too: UrgentTIAServiceSATH.net											