

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.
- * The Stroke risk is highest in the first few days following a TIA.
- * Emergency TIA treatment reduces this Stroke risk, so need to be seen < 24 hours in a TIA clinic (or Admit to HASU)
- * TIA occurring > 7 days before requires a TIA clinic appointment Within the following 7 days.
- * Suspected TIA's may have other diagnosis following a specialist Stroke review (50% have alternative Δ).
- * If clear seizure or loss of consciousness or isolated vertigo then consider an alternative referral route.
- * Those on Warfarin, DOAC's or with Headache may require an Urgent Scan to exclude haemorrhage.
- * Those with 2 or more TIAs within one week require admission, so too, those with a residual neurological deficit.

Phone CCC on 0844 4065676 for Appointment who will go through Referral Form with you.

Patient Details				Source of Referral (circle)					
Name:				GP	MAU	ED	HNARC	Other	Paramedic
Address:				First contact date: ___/___/___ time ___:___ (24hr)					
Date of Birth:				Name Referrer:					
Telephone Mobile:				Referrer Number:					
Home:				Referral date: ___/___/___ time ___:___ (24hr)					
GP Name:				Address:					
Telephone				Telephone					
e-mail:				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			
Tell patient									
* Do Not Drive until assessed at TIA clinic or PRH									
* If there was a witness to event they should 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 4065676									
Advice can be sought from PRH Stroke Nurse 01952 641222 bleep 573									

TIA Referral Pathway 2017

If SYMPTOMS PERSISTING follow STROKE Δ PATHWAY

