**L&D Hospital Rapid Access TIA Clinic Referral Form**



**Patient's Details (Affix Label)**

**Please check as this is essential**

**Patients Tel no:**

**GP Details:**

**GP Signature: Date:**

**Please ensure patient has TIA /mini stroke with no /minimal impairment**

 **Date of Onset: Date Of Assessment: Time seen:**

**Symptoms (please tick):**

 Face/Arm/Leg weakness [ ]

Slurred speech [ ]

Double Vision [ ]

Asymmetrical sensory problems [ ]

Transient Monocular Blindness [ ]

Hyperlipidaemia [ ]

Swallowing problems [ ]

Unsteadiness [ ]

**ABCD2 score - /7**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Age >60 **-1** | BP Sys | >140 or Dias > 90 -**1** | Clinical Unilateral weakness | **-2** | Duration >60 mins | **-2** Diabetes -1 |
| <60 - **0** | Other |  **-0** | Dysphasia only | **-1** | 10-59 mins | **-1** |
|  |  |  | Other | **-0** | <10 mins | **-0** |

**ABCD2 score ≥ 4 High Risk, ABCD2 score < 4 Low Risk**

 **Risk factors:**

 Hypertension [ ]

 Smoking [ ]

Atrial Fibrillation [ ]

Pre TIA/CVA [ ]

IHD [ ]

Peripheral Vascular Disease [ ]

Diabetes [ ]

Family History [ ]

**Investigations available:**

FBC U&E ESR/CRP Glucose Lipids ECG

 **Current medications:**

**Rapid Access TIA Clinic -** Mon - Fri

Please refer ALL TIA patients by e-mailing this form to **Idh-tr.dmesecretaries@nhs.net** and phone **01582 718218** to secure a same day appointment for your patient.

The clinic is held in zones B and zone C of our Out-patient Department.

**Out of hours and weekends only:**
**High Risk TIAs:** If patient is high risk (**ABCD2 ≥4**) send patient **immediately to A&E** to arrange admission to

Stroke Unit.

**Low Risk TIA:** If patient is low risk, (**ABCD2 <4**), email this referral form **immediately** to the Stroke office via

**Idh-tr.dmesecretaries@nhs.net** and we will telephone the patient to arrange appointment within 7 days of

symptom onset.

**For all TIA patients, please start Aspirin 75 mg if not contraindicated**

**Please print**

Referrers Name:

Department / Address:

 Date:

 Contact No: