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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Department of Stroke Medicine**  T.I.A. Clinic  REFERRAL FORM | | | | | | | | | | | | | | **[Based at Hull Royal Infirmary and Castle Hill Hospital](https://www.hey.nhs.uk/)** | | | |
| **NHS Number:**  **Patient name:**  **Date of Birth:**  **Contact number(s):** | | | | | | | | Consultant or General Practitioner responsible for the Patient  **Name: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**  **GMC: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**  To ensure patients continued care is maintained | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Suspected TIA**  PLEASE, NOTE THAT THE FOLLOWING CLINICAL FEATURES, WHEN OCCURRING ALONE, ARE UNLIKELY TO BE A MANIFESTATION OF A TIA: GENERALISED WEAKNESS, CONFUSION, AMNESIA,  BEHAVIOURAL DISTURBANCE, SEIZURE, HEADACHE, LIGHT-HEADEDNESS, FAINTING, BLURRED VISION, SCINTILLATING SCOTOMA, ISOLATED DIPLOPIA, TINNITUS, DYSPHAGIA. | | | | | | | | | | | | | | | | | |
| **Clinical Presentation** (please tick or circle as appropriate) | | | | | | | | | **Date of symptom onset**: \_ \_ / \_ \_ / \_ \_ \_ \_ | | | | | | | | |
| 🞏 R L FACE  🞏 R L ARM  🞏 R L LEG | } | WEAKNESS | | | | | |  | 🞏 R L AMAUROSIS FUGAX  🞏 R L HOMONYMOUS HEMIANOPIA  🞏 R L ARM / LEG INCOORDINATION  🞏 ATAXIC STANCE / GAIT  🞏 DYSARTHRIA  🞏 EXPRESSIVE/ RECEPTIVE DYSPHASIA | | | | | | | | |
| 🞏 R L FACE  🞏 R L ARM  🞏 R L LEG | } | NUMBNESS /  PINS & NEEDLES | | | | | |  |
| Brief description of presenting complaint | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Stroke Risk Assessment** | | | | | | | | | | | | | | | | | |
| 🞏 **Recurrence of symptoms: No \_ \_ \_** | | | | | | | 🞏 **Anticoagulation** | | | | | | 🞏 **Atrial fibrillation or atrial flutter** | | | | |
| **ABCD2 Score** (please, add the individual scores that apply to patient up to a maximum score of 7 points) | | | | | | | | | | | | | | | | | |
|  | |  |  | | |  | | | |  |  | |  | |  |  |  |
| ●Age | | | | | | **≥ 60 y old** | | | | **1** |  | | ●Duration | | { | **≥ 60 minutes** | **2** |
| ●Blood pressure  **(1 point maximum)** | | { | **Systolic BP** | | | **≥ 140 mm Hg** | | | | **1** |  | | **10-** **59 minutes** | **1** |
| **Diastolic BP** | | | **≥ 90 mm Hg** | | | |  | | ●Diabetes Mellitus | | | | **1** |
| ●Clinical features  **(2 points maximum)** | | { | **Unilateral weakness** | | | | | | | **2** |  | | **Total:** | | | |  |
| **Speech disturbance (no weakness)** | | | | | | | **1** |  | |
|  | | | | | | | | | | | | | | | | | |
| **If TIA is probable, please prescribe Aspirin 300 mg stat and 75 mg once daily (unless on anticoagulants)**  **For patients allergic or intolerant to Aspirin, please prescribe Clopidogrel 75 mg once daily** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Low Risk Patient**  Assessment within 7 days  **●ABCD2 Score of** [**0 - 3**] | | | |  | **High Risk Patient**  Assessment within 24 hours | | | | | | | | | | | | |
| **●ABCD2 Score of** [**4 - 7**]  **●Patient on Anticoagulation** | | | | | | | **●Recurrent symptoms within 6 weeks**  **●Patient in atrial fibrillation or atrial flutter** | | | | | |
|  | | | |  |  | | | | | | | | | | | | |
| **Please, advise not to**  **drive for 4 weeks** | | | |  | **If symptoms are recurrent, please advise not to drive for**  **3 months after the last event** | | | | | | | | | | | | |
|  | | | |  |  | | | | | | | | | | | | |
| From **Monday to Friday, 08:00 to 16:00 hours** please call: **01482 608741**. For any further **information.** | | | |  | **For all High Risk Patients**, from **Monday to Friday out of our**  **office hours** and over the **Weekend**, please contact the **Specialist**  **Nurse Stroke Coordinator on 01482 875 875 bleep 312**. | | | | | | | | | | | | |