The Rotherham NHS
NHS Foundation Trust

TIA referral form -2014

Patient's name:				**Exclusion criteria**
Hospital no:		**Date of birth:**		• Isolated dizziness • Isolated headache • Blackouts • Isolated vertigo • Epilepsy • Vague sensory symptoms • Isolated memory loss • Isolated acute confusion • Isolated diplopia • Loss of balance • Generalised weakness
Address: **Phone number:**				
Date of onset:		**Time**	:	
Date of referral:		**Time**	:	
Doctor's name, address and phone number:				

Source of referral:

GP		**A&E**		**EMAU**		**Other**	

Symptoms (should have at least one of the following):

Loss of power	Left	Right	**Sensory loss**	Left	Right
Face			Face		
Arm			Arm		
Leg			Leg		

Dysphasia		**Hemianopia**		**Unilateral blindness**	

Brief History/ relevant details:
(mandatory)

Risk factor profile:

Previous Stroke/TIA		Previous MI/ Angina	
Arial fibrillation		Diabetes mellitus	
Intermittent claudication		Family history of Stroke	
Hypertension		Alcohol excess	
Smoker		Hypercholestrolaemia	

ABCD² Score: ……

Duration of symptoms: ……

Use ABCD² score only when symptoms have disappeared
Score should be based on symptoms when they were present

Score	0	1	2
Age	<60	>60	
BP	<140/90	>140/90	
Clinical	Others	Dysphasia	Hemiparesis
Duration	<10 Mins	10-60 Mins	>60 Mins
Diabetes	No	Yes	

Tick relevant boxes:

Low risk ABCD² score **< 4** Fax this form to **01709 424 116**		**High risk** ABCD² score **4 or more** Two or more TIA's per week **Ring stroke nurse on 01709 428 228** Fax this form to **01709 424 116**	
Aspirin 300mg (Clopidogrel if allergic to Aspirin)		Treat hypertension	
Advice not to drive for a month		Treat hypercholestrolaemia	
Send list of current medication		Address smoking	

- For patients referred from A&E , send copies of A&E clerking, blood results and ECG
- Do not refer TIA's via Choose and Book
- Admit patients directly to stroke unit if symptoms are persisting

***For further advice please contact: Stroke specialist nurse:* 01709 428228 / *Secretary:* 01709 304164**