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| **TIA OPEN ACCESS CLINIC REFERRAL FORM** **If FAST +ve (still has symptoms) Call ambulance. Send to A&E****If TIA occurred in last 48 hours and Call Stroke Team immediately on** **ABCD2 score ≥ 4 or multiple TIAs 07826 934 376 (*Mon-Fri 9am-6pm)***  If afterhours bleep Stroke Registrar via **0208 672 1255**  **All other TIAs Email on same day to** * **Stgeorges.tia@nhs.net (*Mon-Fri 8am-4pm)***
* If afterhours bleep Stroke Registrar via **0208 672 1255**
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| **GP STAMP (name and address)** | **Date and time of onset of symptom(s)**Date\_\_ /\_\_ /\_\_: time \_\_ : \_\_ (24h clock) **Date and time of First Contact with 1st Health Care Provider**Date\_\_ /\_\_ /\_\_: time \_\_ : \_\_ (24h clock) |
| **Patient details****Name :**Sex : D.O.B. :**Address:****Tel. No.:** **Carer’s name****Tel** | **Brief history****Previous TIA’s or Stroke? Yes / No**  |
| **Preferred language****Interpreter needed Yes / No** | **Driver Yes / No** **Is Hospital transport required? Yes / No**  |
| **ABCD2 SCORE****if presenting within 7 days** | **POTENTIAL** **POINTS** | **POINTS** | **Past Medical History:** |
| **A**ge >/=60 | 1 |  |
|  < 60 | 0 |  |
| **B**P Systolic >140 or Diastolic ≥ 90 | 1 |  |
|  Systolic <140 & Diastolic < 90 | 0 |  |
| **C**linical features |  |  |
|  Unilateral weakness | 2 |  |
|  Speech disturbance  | 1 |  |
|  Sensory Loss/ other symptoms | 0 |  |
| **D**uration >/= 60 minutes | 2 |  | **Circle if the following apply:**Known renal impairment (Cr > 130mmol/L or GFR < 60 ml/min)Cardiac failureMultiple myelomaAllergy to radiographic contrast |
|  10 – 59 minutes | 1 |  |
|  < 10 minutes | 0 |  |
| **D**iabetes Present | 1 |  |
|  Absent | 0 |  |
| **TOTAL SCORE** |   |  |
| **Current medications:** ***If not taking an antiplatelet agent and not on anticoagulation - Start aspirin 300mg, then 75mg daily***  |