|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | | | | |
| **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 failure  Multiple myeloma  Allergy 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*** | | | | |