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| **TIA RAPID ACCESS CLINIC REFERRAL FORM**  **TIA diagnosis\*:**  Sudden onset **focal** neurological deficit lasting <24 hour (average 10 mins)  **If FAST +ve** (or symptoms remain present) **Call 999 ?stroke**  **If fully resolved, refer to TIA clinic Email immediately**   * If TIA occurred in last 7 days **Stgeorges.tia@nhs.net**   patient to be seen within 24 hours   * **If symptoms > 7 days ago patient will be seen within 7 days**   **\*TIA unlikely:**   * Confusion (caution if aphasia possible) * Loss of memory * Isolated vertigo * Syncope * Faintness | | |
| **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** | |
| **Clinical advice:**   * If not taking an antiplatelet agent and not on anticoagulation - **Start aspirin 300mg**, then 75mg daily * Advise patient **not** to drive until after clinic review * Advise patient of FAST signs of stroke and 999 * For clinical advice – call **07826 934 376 (*Mon-Fri 9am-5pm)*** (Out of hours bleep Stroke Registrar via **0208 672 1255)** | | **Past Medical History:** |
| **Circle if the following apply:**  Known renal impairment (Cr > 130mmol/L or GFR < 60 ml/min)  Cardiac failure  Multiple myeloma  Allergy to radiographic contrast | | **Current medications:** |