University Hospitals of North Midlands NHS

NHS Trust

Transient Ischaemic Attack (TIA) Referral Form County Hospital

Presentation to Healthcare Professional	**Date:**	**Time:**

Referral Source: GP/ A&E/ OTHER _____ **FAX NUMBER : 08443346632**
(Please Fax immediately)

Date & time of symptoms onset: _____ **Duration of symptoms:** _____

DECISION TOOL	
Consider the Patient's atypical onset features on presentation Gradual onset or spread of symptoms Seizure or loss of consciousness Transient Amnesia Isolated Vertigo with no other Cranial Nerve Features	→ **If 'Yes' to any of these questions STOP.** This is unlikely to be a TIA **Action: Consider alternatives referral route e.g. refer to General Medicine, General Neurology Clinic**

NHS Number **Patient's Name & Address** **Primary Tel No.** **Secondary Tel No.**	**GP Name & Address** **Tel No.** **Fax No.**

ROTHWELL ABCD2 SCORING TOOL	Assess each factor and assign score	**Patient Score**
Age	60 years and above (**score = 1)** less than 60 years **(score = 0)**	
Blood Pressure at presentation	above 140/90 (**score = 1)** less than 140/90 **(score = 0)**	
Clinical Features	Unilateral weakness of face/arm/leg (**score = 2)**	
	Speech disturbance with no weakness (**score =1)**	
	No Clinical features **(score = 0)**	
Duration of Symptoms	60 minutes or more (**score = 2)**	
	10 to 59 minutes (**score = 1)**	
	less than 10 minutes (**score = 0)**	
Diabetes	Diabetes - yes **(score =1)**	
	No Diabetes **(score = 0)**	
	≥ 4 = High Risk ≤ 3= Low Risk	**TOTAL SCORE =**

CLINICAL SYMPTOMS	**Yes**	**Left**	**Right**
Hemiparesis - arm	[ ]	[ ]	[ ]
Hemiparesis - leg	[ ]	[ ]	[ ]
Loss of vision	[ ]	[ ]	[ ]
Double vision	[ ]		

Risk Factors	**Yes**
Hypertension	[ ]
Smoker	[ ]
Atrial Fibrillation	[ ]
History of Stroke/TIA	[ ]
Ischaemic Heart Disease	[ ]

Additional Clinical Information:

ASPIRIN 300MG STAT DOSE PRESCRIBED UNLESS CONTRAINDICATED	***Please tick*** [ ]
Patient advised not to drive until attendance at TIA Clinic	[ ]
Patient Information Leaflet Given	[ ]
Signature of referrer:	

FOR OFFICIAL USE: Date and Time Referral Received……