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| **Transient Ischaemic Attack (TIA) Clinic Referral Form - EXTERNAL** |

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| **Please ring 07887 293695** and speak with Stroke Consultant OR stroke coordinator to discuss your referral. In some cases, we may ask you to redirect the referral or ask to see the patient urgently.**Patients who have had a TIA need to be seen within 24 hours of first contact** with a healthcare professional, UNLESS the episode is already more than 7 days ago.Please send referral as soon as possible after your assessment to avoid any delaysFor further support please see Stroke section on our Urgent Clinical Advice Directory: <https://www.fhft.nhs.uk/gps/gp-centre/urgent-advice/>  |
| They are more likely to have had a TIA if they have the following symptoms1. Unilateral face, arm or leg weakness
2. Speech disturbance
3. Transient visual loss
 |  | **Email this form to:** fhft.fphtiareferral@nhs.netNOTE: faxed referrals are no longer accepted |

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| **Patient Details** |
| Name and Address: |   | **NHS no.** |   |
|  |   |
| Home Phone: |   |
| Work Phone: |   |
| Mobile No.: |   |
| DOB: |   | Sex |   |

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| **GP Name** |
| Surgery address: |   |
|  |   |
| Tel. no.: |   |
| Email: |   |
| **Contact Name:** |   |

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| **Mandatory Information** |
| **Without this information your referral will be rejected**  |
| **Symptom Onset** |
| **Date** |   | **Time** |   | am/pm |
| **First Assessment by GP:** |
| **Date** |   | **Time** |   | am/pm |

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| **Are Patient’s symptoms atypical? Please Select X** |
|   | * Gradual onset or spread of symptoms
 |
|   | * Seizure or loss of consciousness
 |
|   | * Transient Amnesia
 |
|   | * Isolated Vertigo and no other Cranial nerve features
 |
| **If ‘Yes’ to any of these questions STOP. This is unlikely to be a TIA.** Consider alternatives referral route, e.g. refer to General Medicine, General Neurology Clinic |

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| **TIA Symptoms Please Select (X)** where yes |
|   | Face weakness |
|   | Arm weakness |
|   | Leg weakness |
|   | Speech disturbance |
|   | Visual disturbance |
|   | Have symptoms/signs FULLY resolved |

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| **History of TIA Event:** Include details of focal neurology. |
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| **Past Medical History:** |
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| **Medications:** |
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| **Vascular risk factors:** Please Select **X** where yes |
|   | Hypertension |
|   | Atrial fibrillation |
|   | Diabetes |
|   | Smoking |
|   | Ischaemic heart disease |
|   | Previous stroke |

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| **Patient Advice Please Select X as completed/advised** |
|   | Advise Patient not to drive until seen at clinic |
|   | Aspirin 300mg stat and continue od until seen in clinic(if NOT taking an or antiplatelet agent or anticoagulant) |
|   | Clopidogrel 300mg stat and 75mg od until seen in clinic(if aspirin intolerant) |
|   | Any witness should accompany the patient to clinic |
|   | Patient should attend Frimley Park ED in the event of further symptoms |
|   | **Notify FPH TIA clinic of any patient mobility needs** |

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| **Accessible Information Needs (AIS):** |   |

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