**STROKE AND TIA REFERRAL FORM**

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| **PLEASE INDICATE BELOW WHICH STROKE MEDICINE SERVICE YOU WISH TO ACCESS** |
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|  | **HIGH RISK TIA**(Event occurred < 1 week) | **LOWER RISK TIA**(Event occurred > 1 week ago) |
| Transient Ischaemic Attack Clinic Referral | 🞎 | 🞎 |
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| Stroke Medicine Clinic Referral  | 🞎 | *To see within 6 weeks* |
| Advice and Guidance from Stroke Medicine Team | 🞎 | *Reply within 48 hours* |
| Stroke Nurse Practitioner Clinic | 🞎 | *To see within 6 weeks* |
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| **CONTACT US FIRST FOR TIA REFERRALS** |
| PLEASE CALL THROUGH TO THE **STROKE NURSE PRACTITIONNER** ON **07769 932 342 / 07971 717 588**or the **ON-CALL STROKE CONSULTANT** FOR **ALL TIA** REFERRALS FIRST SO APPROPRIATE PATHWAY / TRIAGE CAN OCCUR**INCOMPLETE FORMS WILL BE RETURNED** |
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| **PATIENT DETAILS** |  | **REFERRER DETAILS** |
| Name:Address:Postcode:DOB:NHS Number:Contact Number:Back-up Contact No: |  | Name:Address:Postcode:Telephone Number:Email address:Please supply contact details in case of need for more information to triage or discuss management |
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| **ONSET: TIME: DATE:** |  | **REFERRAL: TIME: DATE:** |
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| **PLEASE GIVE A DESCRIPTION OF THE EVENT AND THE QUESTION BEING ASKED** |
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| **RELEVANT MEDICAL HISTORY AND MEDICATION** |
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| **STROKE / TIA SYMPTOMS** |  | **RISK FACTORS** |
| Unilateral facial weaknessUnilateral armUnilateral leg weaknessUnilateral sensory lossDysphasiaVisual loss in one eyeHomonymous hemianopiaDiplopiaAtaxia | YES / NOYES / NOYES / NOYES / NOYES / NOYES / NOYES / NOYES / NOYES / NO | Atrial FibrillationHypertensionIschaemic Heart DiseaseSmokerDiabetes MellitusCongestive Cardiac FailurePrevious Stroke / TIAPeripheral Vascular DiseaseHyperlipidaemiaAnticoagulation | YES / NOYES / NOYES / NOYES / NOYES / NOYES / NOYES / NOYES / NOYES / NOYES / NO |
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| **NON-STROKE / NON-TIA SYMPTOMS** |  | **INVESTIGATIONS DONE** |
| Bilateral central visual lossVisual auraHeadacheAmnesiaLoss of consciousnessTingling and numbnessVertigo  | YES / NOYES / NOYES / NOYES / NOYES / NOYES / NOYES / NO |  | FBCU&EsCholesterolGlucoseESRECG | RESULTS |
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| **ADVICE FOR REFERRER AND PATIENT** |
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| **TIA REFERRALS ONLY** |  | **FURTHER INFORMATION** |
| * Give 300mg aspirin now and continue daily until seen
* Clopidogrel 75mg if aspirin allergic and continue daily
* Give atorvastatin 20-80mg if no contraindications
* Pulse check to confirm sinus rhythm
* Do not drive until seen in TIA clinic
* Call 999 if symptoms recur
* Ask any witness to accompany patient to clinic
 | * Ensure you have completed ONSET TIME & DATE
* Send this document to TIAFaxGateway@uhb.nhs.uk
* Please expect a follow-up call as often more information required especially if a TIA / Stroke mimic is strongly suspected
* Expect an appointment within the next seven days or sooner at the **LOCAL STROKE CENTRE** for TIAs
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| **OTHER REFERRALS** |
| **UNILATERAL VISUAL LOSS: SIMULTANEOUS REFERRAL TO OPTHALMOLOGY (BMEC) AND**  **UHB TIA CLINIC IS ADVISABLE****Syncope, Blackouts and/or Falls:** ConsiderGeriatric Medicine Clinic or Cardiology Clinic Referral**Seizure-Like Episode:** ConsiderNeurology Clinic / First Fit Referral**Progressive Memory Loss:** Consider Memory Clinic (Via Memory Service At Moseley Hall) |
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| **HIGH RISK TIA PATIENTS** |
| The majority of TIA patients are now considered high risk and will be seen soon after referral (often <24 hours)TIA patients that may require admissions include but are not limited to: **PERSISTENT NEUROLOGICAL SYMPTOMS** **FLUCTUATING SYMPTOMS****DIFFICULTY SWALLOWING****PATIENTS ON FULL ANTICOAGULATION (WARFARIN / DOAC)****BLOOD PRESSURE >180/100****CRESCENDO TIAS****POSSIBLE DISSECTION CAUSING TIA (FACIAL / NECK PAIN WITH TIA SYMPTOMS)** |
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| **OTHER INFORMATION** |
| Patients with a suspected acute stroke with ongoing residual symptoms should be conveyed by ambulance to their nearest Hyper-Acute Stroke Unit via 999. This form is for urgent and non-urgent stroke **OUT-PATIENTS REQUESTS** only within UHB. Please include relevant information from GP records / external hospital records / BMEC records |