

**URGENT TIA CLINIC FAST TRACK REFERRAL FORM**

Royal United Hospital Bath 

NHS Trust

**ALL PATIENTS: PLEASE TELL PATIENT NOT TO DRIVE**

Referred from (please tick):		GP <input type="checkbox"/>	ED <input type="checkbox"/>	OOH <input type="checkbox"/>	MAU <input type="checkbox"/>	Other <input type="checkbox"/>
<b>PRACTICE DETAILS</b>						
GP Name:			Practice:			
Address:						
Telephone Number:		Today's Date:				
<b>PATIENT DETAILS</b>						
Forename:			Surname:			
Date of Birth:			Sex:			
Hospital Number:			NHS Number:			
Address:						
Post Code:						
IMPORTANT - Contact phone number(s) for patient in next 72 hours (verified) including mobile:						
<p align="center"><b>Diagnosis of TIA: Focal neurological symptoms <u>completely resolved</u> in &lt; 24 hours.</b>                  If patient has symptoms or signs when seen: <b>ACUTE STROKE – ADMIT via ED</b></p>						
Clinical Features:			Date Onset:	Time:		
The patient <u>must</u> have experienced at least one of the following symptoms: <ul style="list-style-type: none"> <li>• Speech disturbance</li> <li>• Amaurosis fugax or Hemianopia</li> <li>• Loss of power OR sensation OR both, in face OR arm OR leg.</li> <li>• <b>MORE THAN ONE</b> of Dysarthria, Vertigo, Double Vision, Ataxia or Dysphagia</li> </ul>			Drugs:			
Further information/relevant PMH and risk factors:						
<b>NB: One or more of: Loss of consciousness, Light headedness/Faintness/Dizziness, Total Body Weakness or Fatigue, Drop Attacks or Amnesia are <u>NOT LIKELY</u> to be TIA. Consider referral to OPU/Neurology</b>						
<b>TIA ABCD2 Score</b>						<b>Score</b>
<b>A</b>	Age	Score 1 if over 60				
<b>B</b>	BP	Score 1 if systolic BP >140 or diastolic >90 at presentation				
<b>C</b>	Clinical Features	Score 2 for unilateral weakness, score 1 for speech disturbance without weakness				
<b>D</b>	Duration	Score 1 for 10-59 minutes, score 2 for >60 minutes				
<b>D2</b>	Diabetes	Score 1 if known Diabetes				
<b>High Risk Score = 4 or more Low Risk &lt; 4</b>						<b>Total</b>
<b>ABCD2 Score 4 or more or &gt;1 TIA in 7 days or TIA and on Warfarin and *weekends*</b>			<b>Weekdays fax TIA referrals as below</b>			
Send patient to ED immediately with letter			Fax Referral to Alison Jones - Stroke Team on 01225 821287 For Mendip -Low risk TIA's please fax to Central Booking Office 01749 836530 If possible please could GP arrange bloods: FBC/U&Es/Gluc /total chol/LFTs/others if indicated			
<b>ALL PATIENTS: GIVE ASPIRIN 300MG UNLESS CONTRAINDICATED OR ON WARFARIN</b>						