

**Epsom And St Helier University Hospitals NHS Trust  
TIA Referral St Helier**

<p align="center"><b>TIA Clinic St Helier</b> 020 8296 2404 <b>**FAX NUMBER: 020 8296 2421</b> (Please fax referral urgently) <b>GP STAMP( name and address)</b></p>	<p><b>Source of referral</b> (please ring):</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">GP</td> <td style="width:20%;">A&amp;E</td> <td style="width:20%;">CAU</td> <td style="width:20%;">Paramedic</td> <td style="width:20%;">Other</td> </tr> </table> <p><b>Date and time of Episode</b> Date __/__/__: time __:__(24h clock)</p> <p><b>Date and time of First Contact</b> Date __/__/__: time __:__(24h clock) <b>Name of referrer and contact phone number:</b></p> <p><b>Date and time of referral:</b> Date __/__/__: time __:__(24h clock)</p>	GP	A&E	CAU	Paramedic	Other
GP	A&E	CAU	Paramedic	Other		
<p align="center"><b>Patient details</b></p> <p><b>Name :</b></p> <p>Sex : D.O.B. : <b>Address:</b></p> <p><b>Tel. No.:</b> <b>Mobile No:</b> Handed R L Driver Y N</p>	<p><b>Date and time of onset of symptom(s) and brief history</b></p> <p><b>Previous TIA's or Stroke? Yes / No</b> <b>If yes, when and how many?</b></p>					

<b>Past Medical History:</b>	<b>ABCD2 SCORE</b> if presenting within 7 days	<b>POTENTIAL POINTS</b>	<b>POINTS</b>
	Age >=60	1	
	<60	0	
	BP Systolic >140 or Diastolic ≥ 90	1	
	Systolic <140 & Diastolic < 90	0	
	<b>Clinical features</b>		
	Unilateral weakness	2	
	Speech disturbance	1	
	Sensory Loss/ other symptoms	0	
<b>Family History:</b>	Duration >= 60 minutes	2	
	10-59 minutes	1	
	<10 minutes	0	
<b>Social History</b>	Diabetes Present	1	
	Absent	0	
	<b>TOTAL SCORE</b>		
If score 4 or above, <u>or</u> more than 1 TIA in a week, <u>or</u> on anticoagulant follow high risk pathway			

**Current Drug Therapy:**

**Please start aspirin 300mg od immediately**

**If aspirin intolerant consider clopidogrel 75mg od as an alternative**

Please specify: - If on Aspirin at time of event and/or other antiplatelet drug(s)  
- If on Warfarin and why. Most recent INR if known

**Please tick any known additional risk factors:**

Previous TIA / CVA	IHD	Known carotid disease	Atrial Fibrillation
Hypertension	Diabetes	Impaired LV function	Alcohol
Hyper-lipidaemia	Smoking	Peripheral vascular disease	Obesity