

<p align="center">TIA OPEN ACCESS CLINIC REFERRAL FORM</p> <p align="center">To make referral call first on 07826 934 376 Mon-Fri 9am-6pm Then fax referral to 020 8725 4591 If afterhours bleep Stroke Registrar via 0208 672 1255</p>	<p>Source of referral (please ring):</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">GP</td> <td style="width:15%;">A&E</td> <td style="width:15%;">MAU</td> <td style="width:15%;">Paramedic</td> <td style="width:15%;">Other</td> </tr> </table> <p>Date and time of First Contact with 1st HCP Date __ / __ / __ : time __ : __ (24h clock)</p> <p>Name of referrer and contact phone number:</p> <p>Date and time of referral: Date __ / __ / __ : time __ : __ (24h clock)</p> <p>GP STAMP (name and address)</p>	GP	A&E	MAU	Paramedic	Other																																								
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<p align="center">Patient details</p> <p>Name :</p> <p>Sex :</p> <p>D.O.B. :</p> <p>Address:</p> <p>Tel. No.:</p> <p>Carer's name</p> <p>Tel</p>	<p>Date and time of onset of symptom(s) Date __ / __ / __ : time __ : __ (24h clock)</p> <p>Brief history</p> <p>Previous TIA's or Stroke? Yes / No If yes, when and how many</p>																																													
<p>Handed Left / Right</p> <p>Preferred language</p> <p>Interpreter needed Yes / No</p>	<p>Driver Yes / No</p> <p>Is Hospital transport required? Yes / No</p> <p>Type required Car <input type="checkbox"/> Ambulance <input type="checkbox"/></p>																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">ABCD2 SCORE if presenting within 7 days</th> <th style="width:10%;">POTENTIAL POINTS</th> <th style="width:10%;">POINTS</th> </tr> </thead> <tbody> <tr> <td>Age \geq60</td> <td align="center">1</td> <td></td> </tr> <tr> <td>< 60</td> <td align="center">0</td> <td></td> </tr> <tr> <td>BP Systolic >140 or Diastolic \geq 90</td> <td align="center">1</td> <td></td> </tr> <tr> <td>Systolic <140 & Diastolic < 90</td> <td align="center">0</td> <td></td> </tr> <tr> <td>Clinical features</td> <td></td> <td></td> </tr> <tr> <td> Unilateral weakness</td> <td align="center">2</td> <td></td> </tr> <tr> <td> Speech disturbance</td> <td align="center">1</td> <td></td> </tr> <tr> <td> Sensory Loss/ other symptoms</td> <td align="center">0</td> <td></td> </tr> <tr> <td>Duration \geq 60 minutes</td> <td align="center">2</td> <td></td> </tr> <tr> <td> 10 – 59 minutes</td> <td align="center">1</td> <td></td> </tr> <tr> <td> < 10 minutes</td> <td align="center">0</td> <td></td> </tr> <tr> <td>Diabetes Present</td> <td align="center">1</td> <td></td> </tr> <tr> <td> Absent</td> <td align="center">0</td> <td></td> </tr> <tr> <td align="right">TOTAL SCORE</td> <td></td> <td></td> </tr> </tbody> </table>	ABCD2 SCORE if presenting within 7 days	POTENTIAL POINTS	POINTS	Age \geq 60	1		< 60	0		BP Systolic >140 or Diastolic \geq 90	1		Systolic <140 & Diastolic < 90	0		Clinical features			Unilateral weakness	2		Speech disturbance	1		Sensory Loss/ other symptoms	0		Duration \geq 60 minutes	2		10 – 59 minutes	1		< 10 minutes	0		Diabetes Present	1		Absent	0		TOTAL SCORE			<p>Past Medical History:</p> <p>Circle if following apply:</p> <p>Known renal impairment (Cr > 130mmol/L or GFR < 60 ml/min)</p> <p>Cardiac failure</p> <p>Multiple myeloma</p> <p>Allergy to radiographic contrast</p>
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<p>If score 4 or above, or more than 1 TIA in a week, or on anticoagulant consider referring to the Emergency Department for admission to the Stroke Unit</p>																																														
<p>Current medications:</p>																																														
<p><i>If not taking an antiplatelet or anticoagulation - Please start aspirin 300mg od immediately. If aspirin intolerant consider alternative anti-platelet</i></p>																																														