

NEUROVASCULAR / TIA CLINIC REFERRAL FORM**REFERRAL DETAILS**

Name of Referrer		Date of 1st Contact	
		Time of 1st Contact	
Contact Telephone Number			
		Date of Referral	
Source of Referral	ED / MAU / GP / OTHER	Time of Referral	

PATIENT DETAILS

Title	Miss / Mrs / Mr / Other	Address Line 1	
Forename(s)		Address Line 2	
Surname		Address Line 3	
Sex	M / F	Postcode	
Date of Birth		Telephone Number (home)	
NHS Number		Telephone Number (mobile)	
Registered GP:		Practice Code	

PATIENT HISTORY

Date of Symptoms			
Recurrent events?	Yes / No	If so when and how many?	

RISK FACTOR

Measure	Definition	Points	Score
Age	≥ 60 years	1	
Blood pressure	Systolic BP ≥ 140 mm Hg OR Diastolic BP ≥ 90 mm Hg	1	
Clinical features of TIA (choose one)	Unilateral weakness with or without speech impairment OR	2	
	Speech impairment without unilateral weakness	1	
Duration	TIA duration ≥ 60 minutes	2	
	TIA duration 10-59 minutes	1	
Diabetes		1	
Total ABCD² score		0-7	

CLINICIAN INSTRUCTIONS

Score of "4" or more	Whilst still with Patient, telephone the ASU Co-Ordinator for appointment and give Patient Information Leaflet.		
Score of "3" or less	Your patient will receive an appointment within 7 days		
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: WHY? MOST RECENT INR:		
Please circle any known additional risk factors:	Previous TIA / CVA, Hypertension, Hyperlipidaemia, IHD, Diabetes, Smoking, Atrial Fibrillation, known carotid disease, impaired LV function, peripheral vascular disease.		
Please ensure you inform Patient <u>NOT</u> to drive prior to their appointment			
ASU Co-Ordinator	24 hours	01254 263555 & ask for Bleep 387	
After speaking with the ASU Co-Ordinator, please ensure you fax the Referral Form within 20 minutes			
TIA Fax Number	(24 hours)	01254 736378	

FOR ASU TEAM OFFICE USE

Referral Received Date		Referral Received Time	
Appointment Date		Appointment Time	
Scan Date		Scan Appointment Time	