Gloucestershire Hospitals NHS
NHS Foundation Trust

Transient Ischaemic Attack Referral Form

TIA referrals should be made using NHS e-Referral Service (eRS) wherever possible. If using this form it should be emailed to ghn-tr.tia.referral@nhs.net

Name:	
Date of Birth:	
MRN Number:	
NHS Number:	

(OR AFFIX HOSPITAL LABEL HERE)

Atypical features

If **YES** to any of these features, the diagnosis of TIA is unlikely:

Gradual onset or spread of symptoms	
Seizure or loss of consciousness	
Transient global amnesia	
Isolated vertigo with no other cranial nerve features	

If YES to any of the above, consider alternative route for investigation e.g. General Clinic, Syncope, Neurology. If persistent symptoms consider stroke and admission via ED.

Address:	NOK Name
Telephone Mobile **Please ensure you have verified the patient contact number and where possible a secondary contact no. for next 72 hours.**	NOK Contact no

Referred from: GP ☐ ED ☐ OOH ☐ ACU ☐ Eye Clinic ☐ Other: ☐ (please tick)

GP details	Name:	**Event dates/times**	Date	Time
Practice		Onset of Symptoms		
		Assessed		
Telephone (bypass number)		Referral received		

Presenting Symptoms/ History:

Medication:

N.B. if currently on an anticoagulant treat as high risk

Prescribe:
Aspirin 300mg od (or Clopidogrel 300mg stat then 75mg od if aspirin allergic).

Do not alter medication if already on Antiplatelet or Anticoagulant

The ABCD2 score is no longer used for triage. **The following factors will increase the urgency:**

- ☐ **TIA like symptoms and event within the last week**
- ☐ **People with crescendo TIA (two or more TIAs in a week) within the last two weeks**
- ☐ **Patients in atrial fibrillation**
- ☐ **Patients already on anticoagulants**
- ☐ **Patients with known carotid stenosis (>50%)**

Please provide accurate clinical information and indicate the following (tick one) to help triage:

☐ **Strong clinical suspicion that this patient has had a TIA and has a high risk of a stroke**

☐ **I would like a second opinion about whether this patient has had a TIA**

Your patient will be seen as soon as possible even if the second option is chosen.

Notes

1. Advise all patients not to drive until they have been seen by a specialist (when definitive guidance will be given).
2. Advise all patients that they will be contacted by GHFT by phone to confirm their appointment, and the importance of attending their allotted time/date (most patients should anticipate a same/next day appointment). **Advise clinics are held at CGH.**

Name	Sig.	Date	Time