

**RAPID ACCESS STROKE PREVENTION  
TIA CLINIC REFERRAL PROFORMA**

Complete and fax to RASP clinic (021 4920355) for patients with

- Focal** neurological symptoms lasting < 24 hours who have made a **complete recovery**
- No residual neurological symptoms or signs**
- No red flags for immediate admission and ABCD2 score 0-4**

Date of symptoms: / / Date of referral: / / Referring Dr: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**PATIENT DETAILS**

Patient Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
CUH MRN if known: \_\_\_\_\_  
Address: \_\_\_\_\_

**NB** Mobile Telephone: \_\_\_\_\_  
Mobile Next of kin: \_\_\_\_\_

**Note: Isolated dizziness, collapse “query cause” and blackouts are almost never due to TIA and should be referred to AMU or ED if acute**

Reg flags for urgent same day admission?	Yes	No
Any residual neurological symptoms		
Any residual neurological signs		
Recurrent TIA (> 1 in last 4 weeks)		
Known ipsilateral severe carotid stenosis		
In Atrial fibrillation, not on warfarin/anticoagulant		

**If YES to any of the above, refer directly to AMAU 8am-6pm or ED 6pm to 8am**

**DESCRIPTION OF SYMPTOMS (include nature of all focal symptoms, duration, recurrences):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TIA RECURRENCE RISK STRATIFICATION (ABCD2 SCORING)**

**Age**                     $\geq 60$                     1                      
                                 < 60                    0                   

**BP**                     $\geq 140 / \geq 90$                     1                      
                                 < 140 / < 90                    0                   

**Clinical symptoms/signs**

Hemiparesis                    2                      
Only Speech disturbance                    1                      
All others                    0                   

**Duration**                    > 60 mins                    2                      
                                 10 – 59 mins                    1                      
                                 < 10 mins                    0                   

**Diabetes**                    Yes                    1                      
                                 No                    0                   

**TOTAL**

**Medications (please fax list of medicines and past history)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ABCD2 score 0 to 4:** Fax this form to Rapid Access Stroke Prevention Clinic 021 492 0355  
**ABDC2 score 4+ or red flags:** Refer same day directly to ED or 9am-5pm AMAU  
**From 4pm Friday to 9am Monday follow same format, referring to ED high risk or ABCD2 >4 patients**

Triaged as suitable **Y N** Clinic date \_\_\_\_\_ Patient telephoned/to fast  GP informed if unsuitable   
MRI CT