

**RAPID ACCESS STROKE PREVENTION
TIA CLINIC REFERRAL PROFORMA – FAX REFERRAL ONLY**

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:

IMPORTANT!

- Isolated dizziness, collapse “query cause” and blackouts are almost never due to TIA, and should be referred instead to ED/assessment**
- DO NOT SEND FORMS BY POST OR CUH INTERNAL MAIL – They will not be received or processed. All referrals must be faxed. Fax: 021 4920355. Enquiries to 021 4920350**

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 ≥ 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
ABCD2 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