

TIA CLINIC REFERRAL FORM

URGENT REFERRAL – ACT IMMEDIATELY



Referral Pathway and Contacts on Page 5 Referral Form

Reference/Priority

Referral Date:	Priority:	NHS Number:
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Patient Details

Title:	Forename(s):	Surname:
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DOB:

Contact Details

Address Line 1:	Address Line 2:	Address Line 3:
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Town:	County:	Postcode:
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Home Phone:	Mobile:	Text Message Consent:
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Email:

Referrer/Practice Details

Referring GP:	Referrer Code:	Practice Code:
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Clinic Details

Specialty:	Clinic Type:	Named Clinician:
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Patient Choice Preferences

Provider 1:	Provider 2:
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Preferences

Vulnerable Patient:	Vulnerable Reason:	Confidential/Silent Referral:
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Preferred Contact Time:	Interpreter Required:	Preferred Language:
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Referral Details

Non-clinical Information for the Booking Team:

Provisional Diagnosis:

Smoking Status:

Any Additional Comments:

NB Please note that up to date patient contact details and a telephone number where the patient can be reached during office hours (0830 – 1800) are essential to allow us to offer your patient a date within seven days of your referral

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History (You must describe the event)

Refer sudden – onset focal loss of neurological function or sudden – onset monocular visual loss.

If YES to any of these symptoms below, a TIA is unlikely and consider alternative referral:

- Transient amnesia YES NO
- Seizure or loss of consciousness YES NO
- Gradual onset or spread of symptoms YES NO
- Isolated vertigo YES NO

DESCRIBE THE EVENT HERE:

Date and time seen by GP:
Date and time of symptoms:

General Health

	Y	N	Details
Previous stroke			
Hypertension			Last BP reading: Date:
Current/ Ex-smoker			
Atrial fibrillation			
Diabetes			
Ischaemic heart disease			
Hyperlipidaemia			
Alcohol			

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Current medication

Give Aspirin 300mg immediately for suspected TIA, then Clopidogrel 75mg daily (unless on anticoagulants)

**Manage all suspected TIA's as high risk unless the event
was >1 week ago**

Please attach results from any relevant tests

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ACTIONS

ENSURE ALL ACTIONS HAVE BEEN COMPLETED AND COMPLETE REFERRAL IMMEDIATELY

- Inform patients they should expect to be seen at the hospital within 24 hours (high risk) or 7 days (low risk) and must be available to attend.
- Inform patients they must not drive for one month after a TIA.
- Check patient has transport, if no transport available arrange via ambulance service.
- Inform patients to call 999 if symptoms suggesting stroke occur.
- Ensure you provide an up to date contact number for the patient for the next 24 hours (confirm with the patient, do not take from records).
- Ensure the patient is prescribed appropriate antiplatelet medication unless on anticoagulants.
- Patients with suspected acute stroke (FAST positive) should be sent to hospital as an emergency.
- For referral advice contact Dr Brotheridge via hospital switchboard in office hours.

REFERRAL PATHWAY

High Risk patients

- **Monday 08.00 – Friday 16.00:** e-RS referral **urgently (same day)**
- **Friday 16.00 - Monday 08.00:** Send TIA referral form to hdf.tiareferrals@nhs.net
Inform the patient they will be contacted by York for an urgent appointment
- **Bank holidays :** Send TIA referral form to hdf.tiareferrals@nhs.net
Inform the patient they will be contacted by York for an urgent appointment

Low Risk patients

- **All times:** e-RS referral **urgently (same day)**