

Referral source (please tick):	GP <input type="checkbox"/>	A&E <input type="checkbox"/>	MAU <input type="checkbox"/>	Paramedic <input type="checkbox"/>	Other <input type="checkbox"/>
Referring GP/ ED doctor:				Tel./ Ext.:	
First Contact:	Date:			Time:	
Onset of Symptoms:	Date:			Time:	
Referral:	Date:			Time:	

Patient Name:			Hospital Unit No:	
Date of Birth:	Male /Female		Address:	
Patient Tel No:			Postcode:	
Registered GP:				
Practice:				
Presenting symptoms:	Definite Focal neurological	<input type="checkbox"/>	Bilateral symptoms	<input type="checkbox"/>
	Syncope / faint	<input type="checkbox"/>		

All patients with multiple TIA's within one week or a clinical diagnosis of Stroke, even mild symptoms, should be admitted to the hospital immediately and not referred to the TIA Clinic.

Examination:	<i>(Please enter significant findings)</i>		
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ABCD2 Score:				Score
A	Age	Score 1 if over 60		
B	BP	Score 1 if systolic BP >140 or diastolic >90 at presentation		
C	Clinical Features	Score 2 for unilateral weakness, score 1 for speech disturbance without weakness		
D	Duration	Score 1 for 10-59 minutes, score 2 for >60 minutes		
D2	Diabetes	Score 1 if known Diabetes		
Total Score:				

Investigations (Please arrange ASAP)		
FBC & ESR		<input type="checkbox"/>
Glucose, Cholesterol, U&Es, LFTs & TSH		<input type="checkbox"/>
ECG		<input type="checkbox"/>
Is the patient on Aspirin or Warfarin? - If not has the patient been given Aspirin 300mg and started on regular Aspirin 75 mg daily (or Clopidogrel 75mg if aspirin intolerant)?		<input type="checkbox"/>
TIA patients should be told not to drive for one month - have you told the patient?		<input type="checkbox"/>

Current Medication	Previous Medical History/ other information

**Please fax to Dr K A Rashed 01935 384446
Incomplete forms will be returned with no appointment**

ED ONLY – For patients who attend ED with a score of 4 or more Mon-Fri before midday phone 5826. If no answer or no one available please refer to on-call medical team.