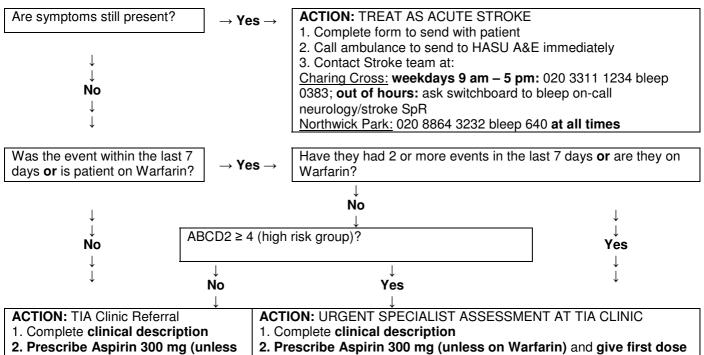
	GP Refe	erral fo	form for TIA				
Patient Details (or use sticky	label)		GP Details (or use sticky label/stamp)				
Name:	Sex:		Name:				
DOB: NHS No:			Practice:				
Address:			Telephone No:				
			Email:				
			Carer Details (if appropriate)				
Postcode:			Name:				
Telephone:			Telephone:				
Mobile:			Date of Assessment:				
Date(s) of event(s):			Time:				
Time(s) of event(s):			Duration of symptoms:				
FAST Test	(Y/N)	ABCD2 Test Clinical features at time of TIA				
Face New unilateral weakness			Age ≥ 60 = 1 < 60 = 0				
Arm New unilateral we	eakness		BP Systolic > 140 and/or Distolic ≥ 90 = 1 Other = 0				
Speech New Speech Dist	urbance	Any u Spee	Clinical Features Any unilateral weakness (face/hand/arm/leg) = 2 Speech Disturbance = 1 Other = 0				
			ration				
Test is FAST positive when any of the features above are present			≥ 60 minutes = 2 10 – 59 minutes = 1				
above are pro	esent .		< 10 minutes = 0				
NOTE: Not all TIAs/strokes are FAST positive. (eg Patients presenting with ataxia, sensory			(Known) Diabetes = 1				
disturbance or amaurosis fugax), so if you think the			Total Score				
diagnosis remains TIA or stroke, then still carry on			ABCD ≤ 3 = low risk of early stroke ABCD ≥ 4 = high risk of early stroke				
with the protocol.		ABCL	JD 2 4 = fligh risk of early stroke				
Are symptoms still present?	\rightarrow Yes \rightarrow	ACTION: T	: TREAT AS ACUTE STROKE				
, 1		1. Complet	ete form to send with patient				
		Call amb	mbulance to send to HASU A&E immediately				



3. Mon 9 am to Fri 4 pm, including after 5 pm Mon to Thurs, fax form

Charing Cross: 020 3311 1234 ask to bleep on-call neurology/stroke

and phone local stroke team on number on page 2 4. Fri 4 pm – Mon 9 am and Bank Holidays:

SpR or Northwick Park: 020 8864 3232 Bleep 640

on Warfarin) and give first dose

FAX form to number on page 2

3. Refer to TIA clinic of preference -

CLINICAL DESCRIPTION										
ВР			Pulse							
RISK FACTORS										
Hypertension Y/N	Y/N Y/N		Ischaemic Heart I Y/N		AF Y/N					
Please include any relevant clinical information not covered elsewhere on this form including current medication and other risk factors not stated above, and social circumstances										
Transport needed: Y/N		Preferred language:		Interpreter required: Y/N						
CHECKLIST										
Administer Aspirin if necessary			Told patient not to drive until assessed at TIA Clinic							
Told patient to bring witness to event to the TIA Clinic if possible			Told patient to return immediately to A&E if there are any further symptoms							
Contact details TIA clinics										
Hospital	Hospital Weekdays		/ Enquiries	Weekday evenings						
Charing Cross Fax: 020 331 33848	1.St	3311 1234 roke SpR Blee NS Bleep 0384		020 3311 1234 and ask for on-call neurology/stroke SpR						
Chelsea and Westminster Fax: 020 8846 6528	078	ke Coordinato 16 445 068 8746 8000 Ble			316 445 068) 8746 8000 Bleep 0385					
Hillingdon Fax: 01895 279482/279454		ke Specialist N 95 238282 Ble		Medical SpR 01895 238282 Bleep 5808						
Northwick Park Fax: 020 8869 2241	020	ke Coordinato 8864 3232 Ble 89 500156		Stroke Specialist Nurse 020 8864 3232 Bleep 640						
St Mary's Fax: 020 331 21698		3312 6666 ke SpR Bleep	1696		Call CXH switch 020 3311 1234 and ask for on-call neurology/stroke SpR					
West Middlesex Fax: 020 8321 5270		ke Specialist N 8560 2121 Ble		Stroke S 020 8560	pR 0 2121 Bleep 188					