

# Buckinghamshire Hospitals NHS Trust TIA referral form

Patient name	Referral date _____ and time _____
Date of birth	Referral source      GP      ED      Other _____
Telephone No.	Name of referring doctor
Mobile No.	Registered GP name
Address	GP phone
	Practice code
Hospital number (if known)	Patient NHS number

## Clinical event

Date of onset of symptoms \_\_\_\_\_ Blood pressure \_\_\_\_\_ / \_\_\_\_\_ mmHg

Sudden onset  Gradual onset

Duration \_\_\_\_\_ Known diabetic? Yes  No

### Symptoms/signs (tick as many as appropriate)

- |  |  |
|--|--|
| Unilateral weakness <input type="checkbox"/>                 | Loss of vision <input type="checkbox"/>  |
| Side affected:   | Sensory loss <input type="checkbox"/>  |
| Right <input type="checkbox"/> Left <input type="checkbox"/> | Paraesthesia <input type="checkbox"/> (note: makes TIA/stroke unlikely)          |
| Speech disturbance <input type="checkbox"/>                  | Loss of consciousness <input type="checkbox"/> (note: makes TIA/stroke unlikely) |
| Loss of coordination <input type="checkbox"/>                | Amnesia <input type="checkbox"/> (note: makes TIA/stroke unlikely)               |

**ABCD2 score**

**see overleaf**

Additional information/event description (or provide supplementary letter as appropriate)

Medication

### PLEASE CLASSIFY AS HIGH RISK OR LOWER RISK (See overleaf)

- HIGH RISK** (refer to the medical on-call team at Wycombe or Stoke Mandeville Hospital)
- LOWER RISK** (refer to the neurovascular clinic by faxing this proforma – see overleaf)

**Mobility:** Walking  Chair  Signed (referring doctor) \_\_\_\_\_

**First contact with healthcare professional after TIA:**

GP    Paramedic    ED    Other \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

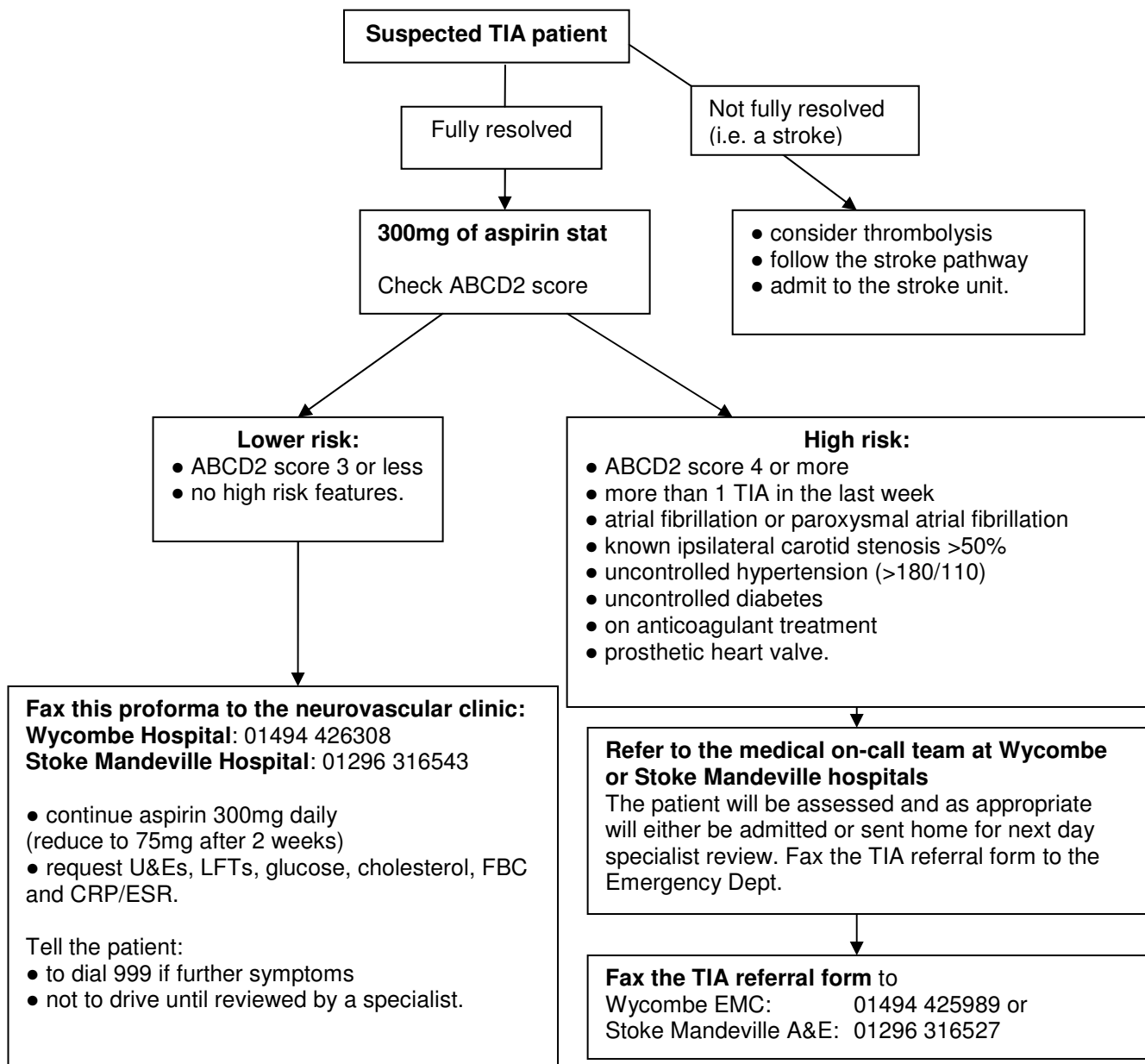
Please indicate clear **contraindications to MRI:**

Pacemaker  Cochlear implant  Eye foreign body

Previous brain surgery (aneurysm clip etc)

Pregnancy (this is a caution for MRI)

If MRI is indicated then a full safety screen will be undertaken in radiology



## ABCD2 SCORE

Only complete if this is a TIA. The ABCD2 score is not valid for patients with *stroke*.

	Criteria	Score	
<b>Age</b>	>60yrs	1	
<b>Blood pressure</b>	>140 systolic or >90 diastolic	1	
<b>Clinical features</b>	Unilateral weakness	2	Maximum 2
	OR speech disturbance	1	
<b>Duration</b>	>60 minutes	2	Maximum 2
	OR >10 minutes	1	
<b>Diabetes</b>	Known diabetes	1	
<b>TOTAL</b>			Maximum 7