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



Complete and fax to RASP clinic (021 4920355) for patients with

- 1. Focal neurological symptoms lasting < 24 hours who have made a complete recovery
- 2. No residual neurological symptoms or signs
- 3. No red flags for immediate admission and ABCD2 score 0-4

Date of symptoms: / / Date of referral: / / Referring Dr: _____ Contact Number:_____

PATIENT DETAILSPatient Name:Date of birth:Age:CUH MRN if known:Address:	IMPORTANT! (1) Isolated dizziness, collapse "query cause" and blackouts are almost never due to TIA, and should be referred instead to ED/assessment
NB Mobile Telephone: Mobile Next of kin:	(2) DO <u>NOT</u> 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, especially recurrent TIA, 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)					Medications (please fax list			
Age	≥ 60 < 60	1 0			of medicines and past history)			
BP	≥ 140 / ≥ 90 < 140 / < 90	1 0						
He On	al symptoms/signs miparesis ly Speech disturbance others	2 1 0						
Durati	on > 60 mins 10 – 59 mins < 10 mins	2 1 0		TOTAL				
Diabet	t es Yes No	1 0						
ABCD2 score 0 to 4: Fax this form to Rapid Access Stroke Prevention Clinic 021 492 0355								

ABCD2 score 0 to 4: Fax this form to Rapid Access Stroke Prevention Clinic 021 492 0355 ABDC2 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