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| --- |
| **STEPPING HILL HOSPITAL TIA REFERRAL PROFORMA** newlogo-big  |
|  |
| **Patient** **Details** | Forename: |  | Surname: |  | NHS No |  |
|  |  |  |  |  |  |  |
|  | DoB: |  | Male | Female |  | Contact Telephone |  |
|  |  |  |  |  |  |  |  |
|  | Address: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Referrer Details** | ReferrerName : |  |  | Department | ED / AMU /GPAU /Eye clinic / Others |
|  |  |  |  |  |  |
|  | Consultant  |  |  | Date /Time of Referral |  |
|  |  |  |  |  |  |
| Date/Time Symptom Onset: |  |  | Was the event sudden in onset? | Yes | No |
|  |  |  |  |  |  |
| Altered sensation in: | Face | Yes | No |  | Right side | Left side |  |
|  |  |  |  |  |  |  |  |
|  | Limbs | Yes | No |  | Right side | Left side |  |
|  |  |  |  |  |  |  |  |
| Loss of vision in one eye? |  | Yes | No |  | Right eye | Left eye |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Risk Factors (tick if yes)** |  |  |  |  |  | Reason for Referral: |  |
| Hypertension |  |  |  |  |  |  |  |
| IHD |  |  |  |  |  |  |  |
| Previous stroke/TIA |  |  |  |  |  |  |  |
| Atrial Fibrillation |  |  |  |  |  |  |  |
| Alcohol excess |  |  |  |  |  | Current Medication: |  |
| Hyperlipidaemia |  |  |  |  |  |  |  |
| Current smoker |  |  |  |  |  |  |  |
| On Anticoagulation |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| BP: |  / |  |  |  |  | Allergies: |  |
|  |  |  |  |  |  |  |  |
| Pulse: |  / minute |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Pulse: | Regular |  | Irregular |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Mon – Sun 7am -11 pm – If Crescendo TIA (i.e. the patient has had 2 or more episodes of TIA in a week ) then admit to HASUSat - Sun 11pm – 7 am – If crescendo TIA then discuss with the Stroke team at Salford Royal Hospital  |
|  |
| * Give patient **Aspirin 300 mg** stat and for 14 days (if intolerant to Aspirin **give Clopidogrel 300mg** stat followed by 75 mg daily for 14 days)
 | YES |  NO |
| * Advise the patient that they **must not drive for 1 month** in line with DVLA regulations
 |
| * Advice the patient to **ring 999 if they develop recurrence** of neurological symptoms
 |
| * **Email this referral** to Appointments snt-tr.StockportTIA@nhs.net Marjory Warren unit, Stepping Hill Hospital Tel No: 0161 419 5299
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|   REFERRAL FORMS WITH INADEQUATE INFORMATION WILL BE RETURNED TO THE REFERRER |