

**TIA Clinic**  
**URGENT REFERRAL PROFORMA**

Patients presenting with lasting neurological deficit, atrial fibrillation, on an anticoagulant and/or had more than one TIA in a week (crescendo TIA) should be ADMITTED to the Stroke Unit, via A&E

<b>Patient Details</b>		<b>Practice Stamp</b>	
<b>NHS No:</b> <NHS number> <b>Surname:</b> <Patient Name> <b>Mr/Mrs/Miss/Ms:</b> <Patient Name> <b>Forename:</b> <Patient Name> <b>Date of Birth:</b> <Date of birth> <b>Address:</b> <Patient Address> <b>Telephone Number:</b> <Patient Contact Details>		<Organisation Address> <Organisation Details>  <b>G.P Signature:</b>	
<b>Date/Time of Referral:</b> <Today's date>			
<b>Reason for Referral:</b> <input type="checkbox"/> Suspected TIA			
<b>Brain:</b> <input type="checkbox"/> Right Face <input type="checkbox"/> Left Face <input type="checkbox"/> Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/> Right Leg <input type="checkbox"/> Left Leg <input type="checkbox"/> Impaired Language <input type="checkbox"/> Impaired Vision <input type="checkbox"/> Aphasia <input type="checkbox"/> Expressive Aphasia			
<b>Brain Stem</b> <input type="checkbox"/> Vertigo <input type="checkbox"/> Dysphagia <input type="checkbox"/> Both Arms <input type="checkbox"/> Both Legs <input type="checkbox"/> Visual Field			
<b>Other Symptoms:</b>			
<b>Date of TIA:</b>		<b>Blood Pressure:</b> <Latest BP>	
<ul style="list-style-type: none"> <li>• Prescribe Aspirin 300mg once only (loading dose) then Clopidogrel 75mg daily thereafter</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>• Prescribe Clopidogrel 300mg once only (loading dose) then Clopidogrel 75mgs daily thereafter</li> </ul> <b>CONSIDER</b> <ul style="list-style-type: none"> <li>• Optimise Statin Treatment i.e. Prescribe Atorvastatin 20mg-80mg od for secondary prevention <i>Preferably commence 40mg Atorvasatin</i> <i>(See over page if intolerant of either)</i></li> <li>• ECG &amp; Bloods</li> <li>• Provide patient with information leaflet, Advise not to drive</li> </ul>			
<b>Risk Factors:</b> <input type="checkbox"/> Previous Stroke/TIA <input type="checkbox"/> Diabetes <input type="checkbox"/> Hyperlipidaemia <input type="checkbox"/> Hypertension <input type="checkbox"/> IHD <input type="checkbox"/> Other Cardiac Disease <input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> PVD		<b>List of Medication</b> <Medication>	
<b>Life Style:</b> <input type="checkbox"/> Smoker <input type="checkbox"/> Alcohol			

**Please arrange routine bloods (U&E, FBC, ESR, LFT, TFT, blood glucose, cholesterol, B12 & folate)**

**PLEASE CONTACT THE STROKE RESPONSE NURSE ON 01226 436160 TO DISCUSS REFERRAL**  
**SEND REFERRAL TO [STROKE.RESPONSE@NHS.NET](mailto:STROKE.RESPONSE@NHS.NET)**

**TIA PATHWAY INTERNAL REFERRAL PROFORMA**

**Definition of a TIA:**

- Transient focal neurological symptoms now resolved
- Unilateral face/arm/leg weakness or sensory loss
- Speech disturbance
- Visual field loss or monocular blindness
- Diplopia, dysphagia, vertigo and other focal neurological symptoms

**Also consider symptoms which may mimic TIA (6S's), e.g.**

- Syncope/loss of consciousness
- Somatisation (functional)
- Seizure – with Todd's paresis or other transient neurology
- Syncope/loss of consciousness
- Sugar – hypoglycaemia
- Sepsis with acute confusional state
- Space occupying lesion e.g. SDH/tumour
- Dizziness without focal neurological deficit
- Migraine
- Bell Palsy

**DO NOT REFER THESE PATIENTS TO TIA CLINIC**  
**ADMIT OR REFER APPROPRIATELY**

**Treatment plan for all patients:**

- Arrange for routine bloods: FBC, clotting, ESR, U&E, cholesterol, glucose, B12, folate, LFT's and calcium
- Prescribe Aspirin 300mg once only (loading dose) then Clopidogrel 75mg daily thereafter  
**OR**
- Prescribe Clopidogrel 300mg only (loading dose) then Clopidogrel 75mg daily thereafter  
**CONSIDER**

**Optimise Statin treatment i.e. Prescribe Atorvastatin 20mg - 80mg od for Secondary Prevention**

**Provide patient with TIA leaflet AND advise the patient:**

- They must not drive for one month (if all symptoms have resolved), inform their insurers and to see GP for further advice before returning to driving
- Risk factor management
- Smoking cessation
- Alcohol reduction
- Lifestyle changes

**If signs and symptoms have not resolved, the diagnosis is cerebrovascular event**

- Admit as a stroke
- Move on to the Stroke Pathway

**PLEASE CONTACT THE STROKE RESPONSE NURSE ON 01226 436160 TO**  
**DISCUSS REFERRAL**  
**SEND REFERRAL TO [STROKE.RESPONSE@NHS.NET](mailto:STROKE.RESPONSE@NHS.NET)**