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| **Lambeth / Southwark TIA Referral Form** | **Date / Method of Referral:** |
| Refer for **sudden** onset of **focal** neurological deficit lasting **< 24 hours** | Date of referral \_\_/\_\_/\_\_\_\_ GP ⁭ Other ⁯ |
| **Patient details** | **Patient GP Details** |
| Name: | Name: |
| Address: | Address: |
| Date of birth: \_\_ / \_\_ / \_\_\_\_ |
| NHS No: | Tel No: |
| Tel No: | Email |
| **Clinical features** | **Present** | **Right** | **Left** | **Details of clinical presentation** |
| Hemiparesis of arm | ⁯ | ⁯ | ⁯ | *(This is mandatory and may result in delayed review if not complete)* |
| Hemiparesis of leg | ⁯ | ⁯ | ⁯ |
| Loss of sensation | ⁯ | ⁯ | ⁯ |
| Loss of vision/double vision | ⁯ | ⁯ | ⁯ |
| Speech disturbance | ⁯ | Blood Pressure:/HR: |
| Loss of co-ordination | ⁯ |
| Vertigo | ⁯ |
| **Date** of symptoms: |
| **Duration** of symptoms to complete resolution: |
| **Past medical history & Vascular risk factors** | **Current Medications** |
| Hypertension | ⁯ | Hyperlipidaemia | ⁯ |  |
| IHD | ⁯ | Smoker | ⁯ |
| Heart failure | ⁯ | Obesity | ⁯ |
| Diabetes | ⁯ | Previous Stroke/ TIA | ⁯ |
| AF | ⁯ | Migraine | ⁯ |
| PVD | ⁯ | Other (specify) | ⁯ |
| Aspirin intolerance: Yes ⁯ No ⁯ |
| **Patient Advice Checklist** |  |  | **GP Advice** |
| Advised:1. Give **Aspirin 300mg daily**, unless contraindicated (e.g. on anticoagulation/allergy), provided all symptoms have resolved **🗆**2. **Should not drive** until assessed at hospital or clinic **🗆**3. If the patient experiences any further, advise to attend A&E **immediately** **🗆** | Are the symptoms:1**. Focal** neurology, rather than global2. Of **sudden** onset3. **Maximum** at onset, rather than spreading or stuttering. 4. **Negative** (loss of function e.g. weakness, numbness) rather than positive (e.g. jerking or paraesthesia, as a result of seizure or migraine).*\**If symptoms are of *gradual onset*, *spread*ing, *seizure, loss of consciousness*, *transient amnesia*; *isolated vertigo;* consider an alternative referral route. |
| \* If symptoms occurred in the last **7 days**, patient will be contacted **within 24 hours of referral**\* If symptoms occurred **>7 days ago**, patient will be contacted **within 7 days.** |  |
| **Referral Information** |
| **Guy’s and St Thomas’ NHS Foundation Trust****Send to St Thomas’ A&E if any of the below apply:*** ≥ 1 TIA in a week
* On anticoagulation or in AF
* < 50 yrs, with prominent neck pain / headache

**Refer to GSTT TIA Clinic via email if TIA suspected** (Monday P.M. & Thursday A.M.)TIA Referral email: gst-tr.gsttstrokereferrals@nhs.net Team Secretary (appointments, chase referral) 0207 1882515Stroke Team via St Thomas’ Switchboard 0207 1887188 (bleep 1765) Dr Bhalla | **King’s College Hospital NHS Foundation Trust****Send to King’s A&E if any of the below apply:*** ≥ 1 TIA in a week
* On anticoagulation or in AF
* < 50 yrs, with prominent neck pain / headache

**Refer to KCH TIA Clinic via email if TIA suspected (clinics take place 7 days/week)**TIA referral email**kch-tr.dh-tia@nhs.net**TIA CNS: Maria Doheny 02032998027(bleep 100)Stroke Registrar via King’s Switchboard: 020 3299 9000(bleep 920). |
| **\*\*IF SYMPTOMS PERSIST / OCCUR DURING ASSESSMENT, DIAL 999** |

**TIA Clinic Referral Pathway**

**Are the symptoms still present?**

**Contacts details for Referring Clinicians:**

Contact the Stroke SpR on-call via switchboard to discuss any urgent queries / referrals:

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| Weekday / In-hours Enquiries | Weekend Enquiries / Out-of-Hours |
| TIA Clinic email address:kch-tr.dh-tia@nhs.net | TIA Clinic email address:kch-tr.dh-tia@nhs.net |
| Stroke SpRvia switchboard (24 hours)020 3299 9000 - bleep 920 / WiFi 38925 | Stroke SpR via switchboard (24 hours):020 3299 9000 - bleep 920 / WiFi 38600 |
| TIA/Thrombolysis CNS via switchboard (Mon–Fri 8am-4pm)020 3299 9000 - bleep 100 / WiFi 39167 |  |