|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 global  2. Of **sudden** onset  3. **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](mailto:gst-tr.gsttstrokereferrals@nhs.net)  Team Secretary (appointments, chase referral) 0207 1882515  Stroke 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**](mailto: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:

|  |  |
| --- | --- |
| Weekday / In-hours Enquiries | Weekend Enquiries / Out-of-Hours |
| TIA Clinic email address:  [kch-tr.dh-tia@nhs.net](mailto:kch-tr.dh-tia@nhs.net) | TIA Clinic email address:  [kch-tr.dh-tia@nhs.net](mailto:kch-tr.dh-tia@nhs.net) |
| Stroke SpR  via 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 |  |