

**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

**Patient Details:**  
 NHS No:  
 Surname:  
 Forename:  
 DOB:  
 Address:

**Practice Stamp**  
  
  
  
 G.P Signature:

**Date/Time of Referral:**

**Reason for Referral:** Suspected TIA

**Brain:** Right Face  Left Face  Right Arm  Left Arm  Right Leg  Left Leg   
 Impaired Language  Impaired Vision  Aphasia  Expressive Aphasia

**Brain Stem:** Vertigo  Dysphagia  Both Arms  Both Legs  Visual Field

**Other Symptoms:**

**Date of TIA:**

**Blood Pressure:**

- Prescribe Aspirin 300mg once only (loading dose) then Clopidogrel 75mg daily thereafter  
**OR**
- Prescribe Clopidogrel 300mg once only (loading dose) then Clopidogrel 75mg daily thereafter  
**CONSIDER**
- Optimise Statin Treatment i.e. Prescribe Atorvastatin 20mg-80mg od for secondary prevention  
*Preferably commence 40mg Atorvasatin*  
*(See over page if intolerant of either)*
- ECG & Bloods
- Provide patient with information leaflet, Advise not to drive

**Risk Factors:** Previous Stroke/TIA   
 Diabetes   
 Hyperlipidaemia   
 Hypertension   
 IHD   
 Other Cardiac Disease   
 Atrial Fibrillation   
 PVD

**List of Medication:**  
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**Lifestyle:** Smoker   
 Alcohol

**PLEASE CONTACT THE STROKE RESPONSE NURSE ON 01226 436160 TO DISCUSS REFERRAL  
THEN FAX TO 01226 436272**

## **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 FAX THE REVERSE OF THIS FORM TO 01226 436272 ONCE DISCUSSED WITH THE  
STROKE RESPONSE NURSE 01226 436160**