TIA Clinic Referral

The Royal Wolverhampton NHS Trust

Patient Details	Referrer Details
Name: DOB: NHS Number: Hospital No: Address: Postcode: Contact Phone No:	Referral Source: Name and Position: Address: Contact number:

Date and Time of Referral:	Date and Time of Onset of Symptoms:	Symptom Duration:

Clinical Presentation *(please tick all boxes that apply)*:

☐ R ☐ L FACE ☐ R ☐ L ARM ☐ R ☐ L LEG	WEAKNESS	☐ R ☐ L AMAUROSIS FUGAX (*monocular visual loss only*) ☐ R ☐ L HOMONYMOUS HEMIANOPIA ☐ R ☐ L ARM/LEG INCOORDINATION
☐ R ☐ L FACE ☐ R ☐ L ARM ☐ R ☐ L LEG	NUMBNESS / PINS AND NEEDLES	☐ ATAXIC STANCE / GAIT ☐ DYSARTHRIA ☐ EXPRESSIVE / RECEPTIVE DYSPHASIA
BP:	Pulse: SR ☐ AF ☐ *(Please tick relevant box)*	

Brief description of symptoms and examination findings:	Current medications: *(can attach document to referral)*	Past Medical History: *(can attach document to referral)*

Clinical information to assist TIA Clinic Referral Process for the Referring Clinician

	Information	Yes	No	If any NO – what to do
1	**Complete resolution** of the signs and symptoms	☐	☐	The resolution is essential to define a TIA. If neurology is persisting, please dial 999 or arrange for urgent A&E/medical assessment as appropriate, as this may be an acute stroke.
2	**Sudden** onset of symptoms	☐	☐	Vascular events are sudden at onset. If gradual or long-standing onset, this is unlikely to be TIA. Please reconsider your referral.
3	**Loss of function** or negative symptoms	☐	☐	E.g., weakness, numbness rather than positive symptoms e.g., heightened sensation as a result of a seizure or migraine – please consider referring to neurology.
4	**Focal** e.g., unilateral weakness or numbness rather than generalised or global	☐	☐	Generalised or global symptoms are not usually TIA.

Yes, to all of these questions would mean that the referral is appropriate for TIA Clinic.

	Information	Yes	No	If any YES – what to do
1	Period of reduced consciousness or blackout	☐	☐	TIA is unlikely to present with collapse. Please consider referring to syncope clinic / Cardiology / Older Adult Medicine
2	Feeling faint, pale face or near collapse	☐	☐	Please consider referring to syncope clinic / Cardiology / Older Adult Medicine
3	Acute confusion state (delirium) with or without a background of dementia	☐	☐	Please consider referring to Older Adult Medicine or Acute Medical Services
4	Recurrent stereotypical symptoms	☐	☐	Please consider alternative diagnosis (e.g., seizures or migraine)
5	Associated headache or other migraine like features	☐	☐	Please consider referring to Neurology

Yes, to any of the above questions, please consider referral to other services

Provided all symptoms have resolved and you feel patient has had a TIA, start aspirin 300mg OD and give first dose (if genuine aspirin allergy give clopidogrel 300mg stat and 75mg once daily prescription until reviewed in TIA clinic).

If either of the following apply:

- On-going symptoms
- On Anticoagulation i.e. Warfarin / Heparin / DOAC

Patient needs urgent assessment – please send to ED.

Patient Advice

Have you told the Patient?

☐ They must not drive until further notice

☐ FAST Information

☐ If the patient experiences any further event they should phone 999 or go immediately to ED

☐ Any witness to the event, should accompany the patient to hospital or clinic, if possible

☐ To take medication list to clinic

Please note: This referral will be triaged by the Stroke team and may be returned/redirected if necessary. Please do not use this form to refer patients for non-urgent stroke review or follow up.

Once referral is complete, please ensure that this is emailed to TIA clinic at:
rwh-tr.stroke.spoa@nhs.net