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South Central Ambulance Service **NHS**
NHS Foundation Trust

Use Capital Letters and Black Biro

Transient Ischaemic Attack (TIA) Referral Form CAS170 V3.2

Incident Date / /

Incident Number

PIN

Call Sign

At Pt. Side :

Are any symptoms unresolved? ○ Yes ○ No

Is this the patient's second event? ○ Yes ○ No

Is the patient on any ORAL anti-coagulant? ○ Yes ○ No

Is the patient allergic to Aspirin? ○ Yes ○ No

Is this the second event within 7 days? ○ Yes ○ No

If any of these answer 'Yes' convey patient to hospital immediately

Date and time this event occurred
 / / :

Date and Time symptoms resolved
 / / :

Surname

First Name

Date of Birth / /

Age ○ Male ○ Female

Pt. Tel. Number

GP Practice

GP Surname

Patient Address

Postcode

NHS Number

Referral Date / /

GP Surgery Address / Telephone Number / Fax / Email

Resolved Clinical Features	Yes	No	Right	Left
Hemiparesis / arm weakness	○	○	○	○
Hemiparesis / leg weakness	○	○	○	○
Loss of sensation (state location)	○	○		
Dysphasia / loss of speech	○	○		
Loss of vision	○	○		
Double vision	○	○		
Loss of Co-ordination	○	○		
Facial Droop	○	○		

1st Blood Pressure
Sys
Dia

2nd Blood Pressure
Sys
Dia

ABCD2 Score

			Score
A - Age	Patient is over 60 years of age	(1)	
B - BP	Systolic > 140 and / or Diastolic > 90	(1)	
C - Clinical Features	Unilateral Weakness	(2)	
	Speech disturbance without weakness	(1)	
D - Duration Of Symptoms	Greater than 60 minutes	(2)	
	Between 10 and 60 minutes	(1)	
D - Diabetes	Diabetes	(1)	
	Total ABCD2 Score		

Current Medication Ask patient to bring current medication / medication list to the clinic.
* Give the patient 300 mg Aspirin stat then daily unless contraindicated and provided all symptoms have resolved.

Patient Advice If there was a witness to the event that person should accompany the patient to the hospital or clinic
Explain the FAST test to the patient
He or she should not drive until he or she has been assessed at the hospital or clinic
If the patient experiences any further event he or she should go immediately to A&E

Patient requires transport for appointment? ○ Yes ○ No

Referral Clinic Location

Queen Alexandra Hospital Portsmouth ○	North Hampshire Hospital Basingstoke ○	Royal Berkshire Hospital Reading ○	Milton Keynes Hospital ○
Southampton Univeristy Hospital ○	Lymington Hospital ○	Wycombe Hospital High Wycombe ○	
Royal Hampshire County Hospital Winchester ○	Frimley Park Camberley ○	Oxford Radcliffe Hospital ○	

Fax completed referrals to: