

Queensland
Government**Referral for
Rapid Access TIA Clinic – GARSS**

GARSS – Geriatric, Adult Rehabilitation & Stroke Service

Facility:

(Affix identification label here)

URN:

Family name:*

Given names:*

Address:*

Date of birth:*

Sex: ☐ M ☐ F ☐ I**Attention:** ☐ Dr Nisal Gange ☐ Other **Date of referral:** / /**Referrer details****Referred from GP** (complete ▼)

GP Name:

GP Practice:

GP Address:

GP Provider no:

GP Phone:

GP Signature:

Referred from: ☐ ED ☐ MAPU
☐ Other:

Referrer Name:

Designation:

Referrer Phone:

GP Name:

GP Practice:

GP Address:

Referrer Signature:

Contact details for patient ***Important** – Contact phone number(s) for patient in next 24 hours (verified):**Alternative contact details for patient ***

Name:

Relationship to patient:

Phone:

Clinical features ***Symptom onset:** Date Time (24 hr clock)* The patient **must** have experienced sudden onset of at least one of the following symptoms:

- ☐ Dysphasia ☐ Amaurosis fugax ☐ Hemianopia
☐ Loss of power OR sensation OR both, in face OR arm OR leg
☐ **MORE THAN ONE** of dysarthria, vertigo, double vision, ataxia or dysphagia

* Has the patient had 2 or more events in the last 7 days? ☐ Yes ☐ No**What happened? Please give details. *****NB:** One or more episodes of blackout, light headedness, faintness, dizziness, total body weakness, fatigue, drop attacks or amnesia are NOT LIKELY to be TIA. Consider referral to general medicine clinic.**ABCD² Score *****Score**

A	Age	Score 1 if over 60	
B	BP	Score 1 if systolic BP > 140 or diastolic > 90	
C	Clinical features	Score 2 for unilateral weakness OR score 1 for speech disturbance without weakness (max score is 2)	
D	Duration	Score 1 for 10-59 minutes, score 2 for > 60 minutes	
D	Diabetes	Score 1 if known diabetes	

TOTAL SCORE / 7**What to do now****More than 2 events within a week or a history of AF/PAF? *** ☐ No ☐ Yes

ABCD ² Score	7 day stroke risk	Urgency of OP appointment
Less than 4 (1, 2 or 3) – Low risk	Less than 2%	Referral to TIA clinic to be seen within 7 days (use this form)
4 or 5 – High risk	5-7%	Referral to TIA clinic to be seen within 24 hours (use this form). Admit to Stroke Unit (MAPU if stroke bed not available) if TIA appointment not possible within this timeframe.
6 or 7 – Super high risk	12%	Admit to Stroke Unit (MAPU if stroke bed not available)

* Asterisk indicates mandatory completion

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All clinical form creation and amendments must be conducted through Health Information Services.

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Referral for Rapid Access TIA Clinic – GARSS

Please **fax referral** IMMEDIATELY to **4616 5579** to arrange an URGENT appointment.

Family name:	Given names:	URN:
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If you have decided to refer this patient to the clinic using this form, please make sure that:

1. FBC, UE, LFT, ESR, clotting profile, random cholesterol and blood sugar have been collected
2. Referral for Carotid Doppler
3. ECG
4. CT head – not an essential investigation to be completed before patient is discharged from the Emergency Department unless a bleed or space occupying lesion (SOL) is suspected
5. Aspirin 300 mg until seen in the clinic (if symptoms fully resolved within 24 hours and bleed or SOL is not suspected)
6. Patient information leaflet provided to the patient with clinic contact number
7. Advise not to drive until reviewed in the clinic

Medication

Collateral information / Past medical history (stroke risk factors)

Please contact Stroke Care Coordinator for all 'High Risk' and 'Super High Risk' patients in business hours on:
Mobile: 0409 998 346
Speed dial: 1544 (Toowoomba Hospital)

GARSS (Geriatric, Adult Rehabilitation & Stroke Service) – TIA Clinic contact details:
Phone: 07-4616 6692
Fax: 07-4616 5579

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