Southern Adelaide Local Health Network

TIA – Rapid Assessment Service Referral Form

A Transient Ischaemic Attack (TIA) is defined as an ischaemic focal neurological deficit from vascular aetiology that has completely resolved within 1 hour of onset.

TIA - Rapid Assessment Service
Division of Medicine, Cardiac & Critical Care Services
Southern Adelaide Local Health Network
Flinders Medical Centre, Bedford Park SA 5042

Tel: 08 8204 6891 (TIA Coordinator)
Tel: 08 8204 6895 (Stroke Registrar)
Fax: 08 8204 5591

Please indicate the preferred doctor

Dr Matthew Willcourt	Dr Lata Cheruvu

PATIENT NAME: ....

MRN: .... **DATE OF BIRTH:** ....

ADDRESS: ....

CONTACT TELEPHONE NUMBER: ....

Office Use Only

REQUIRED INVESTIGATIONS: PRE REFERRAL

CT Head + CTA - Arch to Circle of Willis must be specifically written on request (refer to guidelines if CTA not appropriate)

Bloods
BSL, Lipids, FBE, EUC / LFT, HbA1c, Coagulation Studies

ECG

High Risk Factors
AF: Y / N Treated: Anti-Coag / Anti-Platelet / None
Carotid stenosis: Y / N Side: Left / Right
Crescendo TIA's: Y / N

Additional Investigations:
Holter Monitor: ....
Echocardiogram: ....
Carotid Ultrasound / CTA / MRI: ....

INSTRUCTIONS TO THE REFERRING DOCTOR:

- **Follow the TIA Acute Diagnostic & Management Guidelines** *(available on SALHN - Inside Southern Health Guidelines/Protocol/Procedures)*
- **Instruct the patient NOT TO DRIVE until reviewed in the TIA clinic**
- **Commence anti-platelet agent if brain imaging shows no haemorrhage**
- ***Referrals not accepted without carotid imaging***

DATE OF EVENT: ....

DESCRIPTION OF EVENT: *(include Onset, Duration, Symptoms, relevant Clinical Data, Medications)*

REFERRING DOCTOR/ ORGANISATION		DATE	
DOCTOR'S SIGNATURE		PHONE PAGER	
PROVIDER NUMBER		FAX	